Report on
Health Conditions
in the
Northwest Territories
1982

Report On Health Conditions In The Northwest Territories

Regional Director Medical Services N.W.T. Region
National Health and Welfare, Canada

Acknowledgements

We express appreciation to Roberta Jones, a local artist who has given us permission to use her etchings for this report.

Inquiries concerning this publication should be addressed to:

Regional Health Services Advisor
Medical Services
Health and Welfare Canada
Bag #7777
Yellowknife, Northwest Territories
X1A 2R3
Telephone: (403) 873-7041

We acknowledge the Health Services Unit for preparing this report for publication.

Northwest Territories

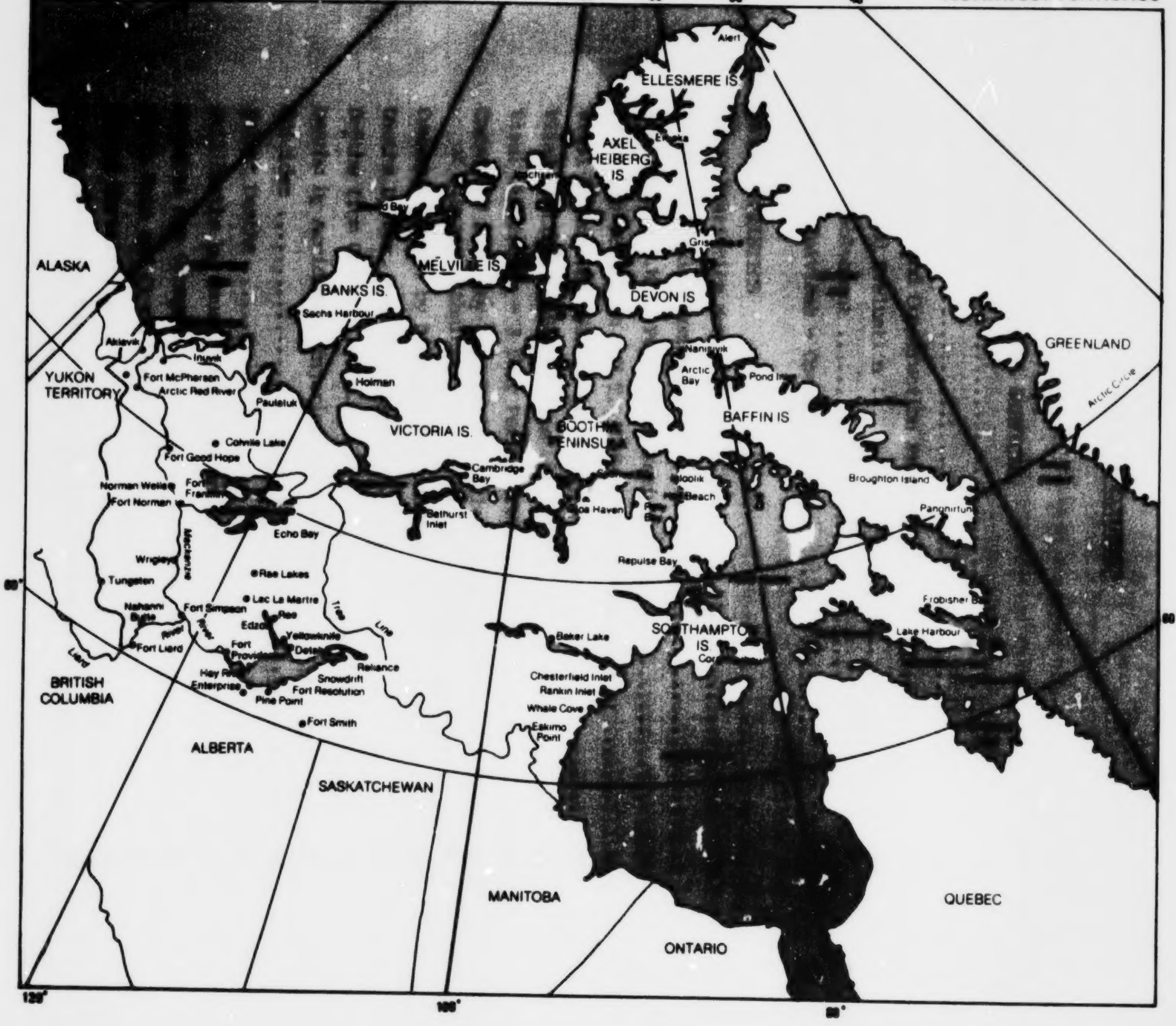

160°
140°
120°
100°
80°
60°
40°
ALASKA
YUKON TERRITORY
BRITISH COLUMBIA
ALBERTA
SASKATCHEWAN
MANITOBA
ONTARIO
QUEBEC
GREENLAND
Arctic Circle
ELLESMERE IS.
Alert
Eureka
AXEL HEIBERG IS
DEVON IS
MELVILLE IS.
BANKS IS.
Sachs Harbour
VICTORIA IS.
Holman
BOOTHIA PENINSULA
BAFFIN IS
Nanisivik
Arctic Bay
Pond Inlet
Broughton Island
Pangnirtung
Frobisher Bay
Lake Harbour
Igloolik
Hall Beach
Pelly Bay
Spence Bay
Gjoa Haven
Cambridge Bay
Bathurst Inlet
Repulse Bay
SOUTHAMPTON IS.
Coral Harbour
Baker Lake
Chesterfield Inlet
Rankin Inlet
Whale Cove
Eskimo Point
Aklavik
Inuvik
Fort McPherson
Arctic Red River
Paulatuk
Colville Lake
Fort Good Hope
Norman Wells
Fort Norman
Fort Franklin
Echo Bay
Mackenzie
Wrigley
Tungsten
Nahanni Butte
Fort Liard
Liard
Fort Simpson
River
Rae Lakes
Lac La Martre
Rae
Edzo
Yellowknife
Detah
Fort Providence
Hay River
Enterprise
Pine Point
Fort Resolution
Snowdrift
Reliance
Fort Smith
Tree Line
60°

TABLE OF CONTENTS

PAGE

I. INTRODUCTION TO MEDICAL SERVICES,
N.W.T. Region 1
Administration 8
Maintenance and Construction Program 8
Planning and Evaluation 13
Native Involvement 14
Financial Services - Operating Budget 16

II. VITAL STATISTICS
Vital Statistics Notes 17
Vital Statistics Trends 19
Preliminary N.W.T. Population Estimates 21
Five Year Trends in N.W.T. (Infant Health Indicators) 25
Vital Statistics 1982 by Ethnicity 26
Vital Statistics 1982 by Zone 27
Vital Statistics - 3 Year Period 28
Causes of Death by International Classification of Disease, Ethnicity and Sex 29
Causes of Death by Disease, Sex and Age 30
Deaths by Sex, Age and Ethnicity 31
Deaths from Cancer 32
Deaths by Accidents, Injuries and Violence 33
Suicides 34
Infant Deaths 35
Stillbirths by Cause, Ethnicity and Sex 35
Maternal Age Groups 36
Birth Rate and Crude Death Rate 37
Infant Mortality Rate 38
Infant Mortality Rate - 3 Yr. Moving Average 39

PAGE

III. HEALTH SERVICES

Community Health Information System 40
Nursing Station Summary by Region and Zone 43
% of Total Time Spent on Community Health Services, N.W.T. .. 48
% of Total Time Spent on Active Treatment, N.W.T. Region 49
% of Total Time Spent on Public Health, N.W.T. Region 50
Hospital Statistics 51
Maternal Infant and Preschool Child Health 52
School Program 53
Immunization Status - N.W.T. Region 55
Immunization Status - Indian 56
Immunization Status - Inuit 57
Immunization Status - Other 58
Nutrition Program 59
Public Service Health Program 61
Physical Examinations by Agency and Reason 65
Physical Examinations by Agency and Fitness Classifications . 66
Environmental Health and Surveillance 67
Occupational Health Program 69
Environmental Contaminants 72
Dental Health Program 74
Dental Officer Field Report 79
Dental Therapist Program 80
Dental Therapist Field Reports 82
Tuberculosis Surveillance Program 84
Summary of Activities - T.B. Control 85
New and Re-Activated Cases of T.B. 85
T.B. Activity Report 86
Bacteriological Status of New and Re-Activated T.B. Cases ... 87
New and Re-Activated T.B. 88
Case Finding Source 89
Case Finding Methods 89

PAGE

T.B. Control Report 90
Out-Patients on Anti-T.B. Drug Therapy 91
Treatment and Prevention of T.B. 93
New and Reactivated Cases of T.B. by Age, Sex & Ethnicity 94
New and Reactivated Cases of T.B. by Extent and Type 94
New Active Cases of T.B. 95
Communicable Disease Program 96
Other Infectious Diseases Reported 99
Sexually Transmitted Diseases 101
Changes of Incidence in Gonorrhoea 102
Gonorrhoea by Sex and Ethnicity 102
Gonorrhoea Incidence by Ethnicity 102
Gonorrhoea Incidence by Sex and Age - Confirmed 103
Gonorrhoea Incidence by Sex and Age - Unconfirmed 103
Gonorrhoea Incidence by Sex and Age-All Categories Combined .. 103
Gonorrhoea Epidemiology 103
Incidence of Gonorrhoea by Field Unit or District 104
Gonorrhoea Confirmed Cases 106
Gonorrhoea Epidemiology Report 107
Gonorrhoea Incidence 108
Gonorrhoea Rate 109
Syphillis and Other Sexually Transmitted Diseases, not Including Gonorrhoea 110

IV. HEALTH SUPPORT PROGRAMS

National Native Alcohol and Drug Abuse Programs 111
Northern Medical Research Unit 117
Civil Aviation Medicine 120
Northern Medical Unit Keewatin Zone 122
Mental Health Unit - Clarke Institute Psychiatry 125

LIST OF TABLES AND GRAPHS

PAGE

1982/83 Operating Budget 16
Preliminary Population Estimates 21
Five-Year Trends in N.W.T. (Infant Health Indicators) 25
Vital Statistics 1982 by Ethnicity 26
Vital Statistics 1982, by Zone 27
Vital Statistics - 3 Year Period 28
Causes of Death by International Classification
of Disease, Ethnicity and Sex 29
Causes of Death by Disease, Sex and Age 30
Deaths by Sex, Age and Ethnicity 31
Deaths from Cancer by Site, Ethnicity and Sex 32
Deaths from Cancer by Site, Age and Sex 32
Deaths from Cancer by Age, Ethnicity and Sex 32
Deaths by Accidents, Injuries and Violence by Method
Age and Sex 33
Deaths by Accidents, Injuries and Violence by Method
Age and Sex 33
Deaths by Accidents, Injuries and Violence by Age,
Ethnicity and Sex 33
Suicides by Method, Ethnicity and Sex 34
Suicides by Method, Age and Sex 34
Suicides by Age, Ethnicity and Sex 34
Infant Deaths by Cause, Ethnicity and Sex 35
Infant Deaths by Cause, Age and Sex 35
Infant Deaths by Age, Ethnicity and Sex 35
Stillbirths by Cause, Ethnicity and Sex 35
Maternal Age Groups 36
Birth Rate and Crude Death Rate 37

PAGE

Infant Mortality Rate Per 100 Livebirths 38
Infant Mortality Rate - 3 Year Moving Average 39
Nursing Station Summary by Region and Zone 43
Per Cent of Total Time Spent on Community Health Services ... 48
Per Cent of Total Time Spent on Active Treatment 49
Per Cent of Total Time Spent on Public Health 50
Hospital Statistics 51
Immunization Status - N.W.T. Region 55
Immunization Status - Indian 56
Immunization Status - Inuit 57
Immunization Status - Other 58
Physical Examinations by Agency and Reason 65
Dental Officer Field Report 79
Dental Therapist Field Report 82
Summary of Activities - T.B. Control 85
New and Re-Activated Cases of T.B. 85
T.B. Activity Report 86
Bacteriological Status of New and Re-Activated T.B. Cases ... 87
New and Re-Activated T.B. 88
Case Finding Source 89
Case Finding Methods 89
T.B. Control Report 90
Out-Patients on Anti-T.B. Drug Therapy 91
Treatment and Prevention of T.B. 93
New and Re-Activated Cases of T.B. by Age, Sex & Ethnicity .. 94
New and Re-Activated Cases of T.B. by Extent and Type 94
New Active Cases of T.B. 95
Other Infectious Diseases Reported 99
Changes of Incidence in Gonorrhoea 102
Gonorrhoea by Sex and Ethnicity 102
Gonorrhoea Incidence by Sex and Age Confirmed 103

PAGE

Gonorrhoea Incidence by Sex and Age Unconfirmed 103
Gonorrhoea Incidence by Sex and Age all Categories Combined . 103
Gonorrhoea Epidemiology 103
Incidence of Gonorrhoea by Field Unit or District 104
Gonorrhoea Confirmed Cases 106
Gonorrhoea Epidemiology Report 107
Gonorrhoea Incidence 108
Gonorrhoea Rate 109

INTRODUCTION

Medical Services Branch of the Federal Department of National Health and Welfare provides acute care and preventative services to the majority of communities in the Northwest Territories, with the exception of Yellowknife, Hay River, Fort Smith, and Frobisher Bay. Acute care in these centers is provided by the Department of Health, Northwest Territories Government. Health care delivery is therefore a shared responsibility between the Department of Health, Government of the Northwest Territories, and Medical Services Branch, N.W.T. Region.

Medical Services Branch, N.W.T. Region operates one hospital in Inuvik and two cottage hospitals which are located within the communities of Fort Simpson and Rae Edzo. There are also 39 nursing stations, 8 health centres and a number of health stations which provide diagnostic and preventative services for all clients within their area. Medical Services also operates a public health program for all residents of the Northwest Territories including maternal and child health programs, adult health, communicable disease control, water sanitation inspection, home visiting, screening, health education and immunization programs.

The Department of Health, Government of the Northwest Territories is responsible for four facilities; the Stanton Yellowknife Hospital, the Hay River Hospital, Fort Smith Health Centre and the Baffin Regional Hospital. In addition, this Government manages the Hospital Insurance and Health Care Plan, supplementary health screening, health education, health promotion and supplements the immunization program.

The nurse practitioner in the nursing station is recognized as the primary provider of medical services at the community level. Nursing stations are located in settlements according to population. The number of nurses at a nursing station is also based on population served and the particular needs of the community. The nursing stations are well equipped, the general design providing for a treatment area, inpatient acute beds for adults, children and infants (for treatment of minor or uncomplicated illness), public health area, basic laboratory facilities including x-ray, office space and living quarters for the nurses. Many of these nurses have taken additional training, beyond their basic R.N., in such areas as public health or midwifery and have gained special expertise in diagnosis and treatment.

All nursing stations are visited on a regular basis by physicians operating out of base hospitals located in the major centres within the region. Specialist services are provided from either Yellowknife or through southern based universities (McGill University in Montreal, the University of Manitoba in Winnipeg, and the University of Alberta in Edmonton). Under special arrangements with these universities teaching programs are available such as Rotating Family Practice Residents.

Where possible, patient services are provided within the local communities. When treatment cannot be provided in the individual's home community, arrangements are made for transfer of clients to a centre where these services are available. Medical Services Branch provides this service at no cost for native clients. Subsidized medical travel is provided through the Territorial Government's Department of Health for non-native residents.

Dental service to communities is provided by private practitioners, government dentists and dental therapists. The dental therapist is a para-dental auxiliary trained at the National School of Dental Therapy, until recently located in Fort Smith, Northwest Territories. The dental therapist works alone in the communities utilizing treatment prescriptions provided for them by the supervising dentists. These services are directed mainly at the school-age population.

Community Health Representatives are located in twelve nursing stations throughout the Northwest Territories. The CHR is of vital importance to the nurse, providing a vital liaison between the community and the delivery of health services.

Relationship With the N.W.T. Government Department of Health

Medical Services Branch and the Department of Health work co-operatively in fulfilling the health care objectives of the Northwest Territories. This relationship is enhanced by a formalized Health Coordinating Committee providing the guidelines and communication mechanism in which to accomplish these objectives. The Health Coordinating Committee is representative of Medical Services Branch, Department of Health, and Department of Social Services, Government of the Northwest Territories. The Health Coordinating Committee meets on a monthly basis throughout the year. The Chairmanship of this Committee for 1982 was held by the Assistant Deputy Minister, Department of Health.

The Health Resource Centre, Yellowknife, jointly developed and funded by both Health Departments continues to supply and produce health information materials for nursing stations, schools, hospitals and health care workers in the N.W.T.

Highlights of Events - 1982

The Inuvik Health Study was completed in June 1982. This study was undertaken at the request of the N.W.T. Legislative Assembly. Recommendations have been reviewed and where appropriate these recommendations have been addressed.

A major study of the Inuvik Hospital by the Department of Public Works was conducted in 1982. The results of this study will determine the extent of proposed renovations/construction to the existing facility.

The Inuvik Hospital was surveyed by the Canadian Council of Hospital Accreditation and received a two year extension on the existing status.

Considerable progress has been made in the negotiation of physician contracts through the Department of Health, Government of the Northwest Territories. It is foreseeable in the near future that a reasonable level of stability will be obtained.

Major renovations were carried out at Eskimo Point and Rankin Inlet Nursing Stations in the Keewatin Zone. Role studies for upgrading various nursing stations throughout the Keewatin Zone were completed by representatives from N.W.T. Region, Keewatin Zone and Department of Public Works, Winnipeg.

Construction of the new nursing station in Holman Island was completed and although nurses are now occupying the new station, the official opening will not take place until July 1983.

A physician under the Government of the Northwest Territories' physician contract has been located in Cambridge Bay for the better part of 1982. This allowed residents a continuity of physician services otherwise not accessible.

Two Zone Director Conferences were held in 1982. These conferences provide a mechanism for Zone and Regional managers to discuss, evaluate and plan the operations and administration of medical service programs.

A Regional Nursing Conference was held in Yellowknife, June 1982 enabling many nurses from the field to attend the 74th Annual General Meeting of the Canadian Public Health Association. This conference was the largest of its kind to be held in the North and offered a great educational tool for health professionals working in the North.

Direction for the Future

1982 has seen many difficulties within Medical Services, N.W.T. Region not uncommon to the economical situation faced by this country.

In April 1982, a staffing freeze became effective and remained so for the entire year. The increasing shortage of medical and non-medical personnel intensified as the year progressed.

Great efforts were made by field, Zone and Regional personnel to provide a continuum of health services under these adverse conditions.

Medical Services, N.W.T. Region is committed to providing comprehensive health services throughout the Northwest Territories and is optimistic that 1983 will see great advances in health care both to the consumer and health professional.

ADMINISTRATION

The Regional Administration section of Medical Services Branch, N.W.T. Region offers support to the field operational activity by providing logistical services, property management, regulatory directive distribution, stenographic and clerical assistance, material procurement, central registry service, capital equipment control and contract management.

This support was manifest in 1982 by the supervision of approximately thirty-five construction projects totalling 6.5 million dollars. Contracts totalling approximately 5.8 million dollars were supervised during the year. These contracts involved purchase of professional services, dental care, lay dispensers and maintenance activities for Medical Services Branch across the Northwest Territories.

MAINTENANCE AND CONSTRUCTION PROGRAM

General Maintenance

Maintenance on all Health and Welfare facilities in the Inuvik and Mackenzie Zones was carried out by Medical Services Branch maintenance employees during 1982. Early in the year, a joint effort between Public Works Canada and Medical Services Branch, N.W.T. Region resulted in the establishment of preventative maintenance programs in these zones. Maintenance in the Keewatin and Baffin Zones was performed by Public Works

Canada.

INUVIK ZONE

Aklavik

Construction of a new four-plex residence was undertaken with completion scheduled for early 1983. Plans and specifications for extensive renovations to the nursing station have begun and the project is to be started upon completion of the residence.

Fort Good Hope and Norman Wells

Both nursing stations received new emergency generators.

Inuvik

A new fire alarm was installed. Plans and specifications for mechanical upgrading was completed with construction scheduled for early 1983. Major study of the facility and medical needs of Inuvik was started, one aspect of the study being the possibility of improving hospital facilities. Role study was completed for renovations to the staff residence. Plans and specifications were completed and are expected to be tendered in early 1983 with construction to begin in the summer.

Fort Norman

The role study for the construction of nursing station/

residence was completed. Plans and specifications were completed and are expected to be tendered early in 1983 with construction to begin in the summer.

MACKENZIE ZONE

Coppermine

A contract for construction of a new roof for the nursing station was awarded in October with construction to be completed early next year.

Edzo

A new emergency generator and automatic switch was installed.

Fort Liard

A role study was completed for the construction of a four-plex residence planned for the summer of 1983.

Gjoa Haven and Pelly Bay

Role studies were completed for the construction of new nursing stations in both communities. Plans and specifications were completed during the year for the project in Pelly Bay, to be tendered early in 1983 with construction to begin in June of that year.

Fort Providence, Fort Resolution and Spence Bay

New automatic switches for the emergency generators were installed.

KEEWATIN ZONE

Baker Lake, Coral Harbour and Sanikiluaq

Role studies were completed for renovations of these nursing stations. Plans and specifications were completed and are expected to be tendered early in 1983 with construction to begin in the summer.

Eskimo Point

Completed major renovations to the nursing station, and renovations to the transient trailer and the dental therapist residence were also provided.

Rankin Inlet

Renovations to the nursing station/residence were undertaken with completion scheduled for early 1983.

Whale Cove

A role study for the construction of a new facility was started and is expected to be completed early in 1983.

BAFFIN ZONE

Arctic Bay and Resolute Bay

Construction of the new nursing station/residences were started during 1982 with completion of the projects expected early next year

Broughton Island, Clyde River and Igloolik

Major renovations were carried out including new roofs and interior work with completion expected early in 1983. In Broughton Island, interior renovations were carried out in the residence building and construction started on the dental therapist residence, to be completed in 1983. New dental residence in Igloolik and renovations to the transient trailer there were completed.

Cape Dorset

Construction was started on the residence in October with completion expected in April 1983. The old nursing station was removed to make room for the residence.

Frobisher Bay General Hospital

Transfer of this facility to the Government of the Northwest Territories did not affect the capital project underway in the hospital. Projects started last year were completed, including the fire alarm system. General upgrading of the hospital is underway with completion expected early next year.

Grise Fiord

Extensive upgrading is planned, including a new roof, sewage system and interior work in the nursing station with completion expected early next year.

Lake Harbour

The nursing station was upgraded with a new generator set and interior work.

Pond Inlet

The new dental residence was completed and the old one disposed of.

PLANNING AND EVALUATION

Relative to the observations of the Office of the Comptroller General, Medical Services Branch has identified a major thrust to strengthen management practices. In the N.W.T. Region, the Planning and Evaluation function is concerned with development of information systems to enhance management decision-making capabilities.

As well, provision for vehicles to plan, co-ordinate, control and evaluate programs as to effectiveness, efficiency and impact on the client, relative to objectives, are being implemented. These systems are based on National models and interconnected to Medical Services Branch-wide vehicles to allow consistency in reporting.

Some examples are: Environmental Forecasting
Operational Planning
Five Year Capital Plans

The Planning and Evaluation function also assisted the Regional Management as co-ordinator and facilitator of special projects which involved the expertise of several diverse specialities. The review of person-year utilization and alternatives, special capital justifications and electronic-data processing needs-assessment are a few of these projects.

NATIVE INVOLVEMENT

Consistent with our policy of encouraging native people to become more involved in health service, the Dene Health Liaison Program has continued to develop. The concept of the program is to provide career development initiatives, health liaison with native communities and provide for a consistent mechanism for sharing in the Regional Operational Planning process. Discussions are underway for a similar arrangement with the Kitikmeot Inuit Association in Cambridge Bay.

In the area of native employment, four native people are training through the Northern Careers Program for management positions in Administration, Personnel and Finance; and our second native nurse was recruited during the year.

Overall, native staff account for approximately thirty percent of the Region's total strength, with the vast majority working in health care support positions in the communties. In recognition of their valuable role, a career enhancement program for the field support staff has been initiated.

The participation of native associations on selection boards is fairly well established for key positions in Zone and Regional Office.

During the year, one cross cultural workshop was held for nursing and administrative staff in Regional and Mackenzie Zone Offices.

FINANCIAL SERVICES

Medical Services Branch
N.W.T. Region
Operating Budget ($000)

	Regional H.Q.'s	Mackenzie Zone	Rae-Edzo Hospital	Ft.Simpson Hospital	Inuvik Zone	Inuvik Hospital	Keewatin Zone	Baffin Zone	Frobisher Hospital	TOTAL
Salaries	1,726,714	3,129,599	443,099	429,907	2,087,025	2,809,109	1,665,448	2,655,052	1,953,881	16,899,834
O & M Controllable	2,148,431	1,792,894	200,926	279,705	1,205,497	1,527,443	1,279,611	2,310,988	300,426	11,045,921
O & M Non-Insured	271,826	4,374,107	66,490	61,040	2,192,713	160,490	3,013,432	3,236,576	68,000	13,444,674
Sub-Total	4,146,971	9,296,600	710,515	770,652	5,485,235	4,497,042	5,958,491	8,202,616	2,322,307	41,390,429
Capital	7,748,000									7,748,000
TOTAL	11,894,971	9,296,600	710,515	770,652	5,485,235	4,497,042	5,958,491	8,202,616	2,322,307	49,138,429
Person Years	56	93	16	17	56	102	50	72	40	502

N.W.T. VITAL STATISTICS 1982

Cut-off date for registration of 1982 Vital Statistics was February 15, 1983.

Total births and deaths for 1982 include events occurring outside the Northwest Territories where either the individual was a resident or the mother's usual residence was in the Northwest Territories. The totals also include 1981 vital statistics registered in 1982.

Events occurring in Territorial health centres and cottage hospitals were included in nursing station totals and all "out of province" events were included with hospital totals.

Unknown birthweights were recorded as being normal.

Ethnic status of all livebirths and stillbirths were coded according to mothers' ethnic status.

BIRTHS

Numerical sequence of 1982 livebirth registrations in the Northwest Territories was 001-001 to 002-088 with the exception of numbers

001-132, 001-581, 001-618 and 001-880

which were deleted because parents' usual residence was outside the Northwest Territories and number

002-043

which was deleted because of duplication.

Numerical sequence of 1982 "Out of Province" livebirth registrations was 82-01 to 82-156 with the exception of numbers

82-147 and 82-152

which were deleted because the mothers' usual residence was outside the Northwest Territories.

Numerical sequence of 1981 livebirths registered in 1982 was 002-054 to 002-077 and 81-176 to 81-191.

DEATHS

Numerical sequence of 1982 deaths registrations was 001-001 to 001-187 with the exception of numbers

001-072, 001-090, 001-091, 001-106, 001-107, 001-119,
001-122, 001-123, 001-140, 001-167, 001-170, 001-171,
001-178 and 001-183

which were deleted as usual residence was outside the Northwest Territories.

Numerical sequence of "out of province" death registrations was 82-01 to 82-42.

Numerical sequence of 1981 deaths registered in 1982 was 81-33 to 81-36 and also included a "Presumption of Death", registration number 001-002.

Numerical sequence of stillbirth registrations in 1982 was 001-001 to 001-015.

VITAL STATISTICS TRENDS

This report for 1982 contains a variety of tables which are designed to show trends in certain important demographic indicators as well as causes of death by sex, age, ethnicity and location.

The 1982 livebirth rate of 27.1 per thousand represents a slight decrease over the 1981 rate of 27.3. The Inuit birth rate was higher than the average for the N.W.T., and the Indian birth rate was also higher than the average.

The proportion of liveborn infants with a weight below 2500 grams was 7.5%, and was higher than in 1981, 1980 or 1979 but lower than in 1978 and previous years. The percentage of low birthweight infants was above the Territorial average for Inuit and lower for Indian groups.

The stillbirth rate was 11.6 per thousand births.

The 1982 perinatal mortality rate of 17.0 per thousand births represents a slight increase over the 1981 rate of 16.7. There were no recorded perinatal Indian deaths and the Inuit rate was above the Territorial average.

The neonatal death rate of 7.8 per thousand livebirths in 1982 was the lowest ever recorded in the Northwest Territories. The Indian rate was below the Territorial average and the Inuit rate was above the Territorial average.

The post-neonatal death rate in 1982 reached an all time low of 7.0 per thousand livebirths. The Inuit and Indian rate were slightly higher than the Territorial average.

The infant mortality rate in 1982, at 14.8 per thousand livebirths, was the lowest in recorded history.

The crude death rate of 4.9 per thousand was slightly higher than the 1981 rate. The death rate among both Inuit and Indian was above the Territorial average. The leading causes of death for the N.W.T. as a whole were accidents, poisonings and violence (30.9%), diseases of the circulatory system (20.9%) and cancer (18.3%).

PRELIMINARY N.W.T. POPULATION ESTIMATES

June 1982
(National Health and Welfare Zone Boundries)

	TOTAL	INDIAN	INUIT	OTHER
BAFFIN ZONE	8,062	15	6,738	1,309
Arctic Bay	382	0	362	20
Broughton Island	400	0	390	10
Cape Dorset	803	0	760	43
Clyde River	452	0	442	10
Frobisher Bay	2,373	15	1,498	860
Grise Fiord	131	0	126	5
Hall Beach	354	0	344	10
Igloolik	722	0	687	35
Lake Harbour	254	0	234	20
Nanisivik	272	0	127	145
Pangnirtung	856	0	810	46
Pond Inlet	715	0	673	42
Resolute Bay	170	0	155	15
Unorganized	178	0	130	48
KEEWATIN ZONE	4,763	10	4,250	503
Baker Lake	959	0	858	101
Chesterfield Inlet	225	0	204	21
Coral Harbour	435	0	408	27
Eskimo Point	1,050	0	1,006	44
Rankin Inlet	1,126	10	853	263
Repulse Bay	385	0	371	14
Sanikiluaq	383	0	368	15
Whale Cove	176	0	167	9
Unorganized	24	0	15	9
N.W.T. REGION	47,053	7,154	16,280	23,619

PRELIMINARY N.W.T. POPULATION ESTIMATES
June 1982
(National Health and Welfare Zone Boundries)

	TOTAL	INDIAN	INUIT	OTHER
MACKENZIE ZONE	26,497	5,132	3,225	18,140
Bathurst Inlet	20	0	20	0
Bay Chimo	60	0	60	0
Cambridge Bay	831	5	626	200
Coppermine	806	0	751	55
Detah	144	144	0	0
Enterprise	46	5	0	41
Fort Liard	408	343	0	65
Fort Providence	619	459	0	160
Fort Resolution	463	207	0	256
Fort Simpson	999	486	0	513
Fort Smith	2,279	354	55	1,870
Gjoa Haven	562	0	537	25
Hay River	2,891	308	25	2,558
Holman Island	333	0	308	25
Jean Marie River	71	60	0	11
Kakisa Lake	36	36	0	0
Lac La Martre	281	271	0	10
Nahanni Butte	85	75	0	10
Paradise Gardens	48	5	0	43
Pelly Bay	239	0	219	20
Pine Point	2,023	16	10	1,997
Port Radium	14	0	0	14
Rae Lakes	202	192	0	10
Rae-Edzo	1,445	1,007	0	438
Reliance	15	5	0	10
Snare Lake	72	72	0	0
Snowdrift	246	221	0	25
Spence Bay	459	0	424	35
Trout Lake	59	54	0	5
Tungsten	374	10	0	364
Wrigley	138	133	0	5
Yellowknife	9,972	614	160	9,198
Unorganized	257	50	30	177
INUVIK ZONE	7,731	1,997	2,067	3,667
Aklavik	710	148	378	184
Arctic Red River	132	100	5	27
Colville Lake	57	57	0	0
Fort Franklin	536	332	0	204
Fort Good Hope	476	362	0	114
Fort McPherson	629	471	0	158
Fort Norman	309	232	0	77
Inuvik	3,171	240	662	2,269
Norman Wells	563	35	5	523
Paulatuk	182	0	172	10
Sachs Harbour	160	5	138	17
Tuktoyaktuk	795	15	701	79
Unorganized	11	0	6	5

PRELIMINARY N.W.T. POPULATION ESTIMATES
June 1982
(Territorial Regional Boundries)

	TOTAL	INDIAN	INUIT	OTHER
NORTHWEST TERRITORIES	47,053	7,154	16,280	23,619
BAFFIN REGION	8,445	15	7,106	1,324
Arctic Bay	382	0	362	20
Broughton Island	400	0	390	10
Cape Dorset	803	0	760	43
Clyde River	452	0	442	10
Frobisher Bay	2,373	15	1,498	860
Grise Fiord	131	0	126	5
Hall Beach	354	0	344	10
Igloolik	722	0	687	35
Lake Harbour	254	0	234	20
Nanisivik	272	0	127	145
Pangnirtung	856	0	810	46
Pond Inlet	715	0	673	42
Resolute Bay	170	0	155	15
Sanikiluaq	383	0	368	15
Unorganized	178	0	130	48
KEEWATIN REGION	4,380	10	3,882	488
Baker Lake	959	0	858	101
Chesterfield Inlet	225	0	204	21
Coral Harbour	435	0	408	27
Eskimo Point	1,050	0	1,006	44
Rankin Inlet	1,126	10	853	263
Repulse Bay	385	0	371	14
Whale Cove	176	0	167	9
Unorganized	24	0	15	9
KITIKMEOT REGION	3,340	5	2,965	370
Bathurst Inlet	20	0	20	0
Bay Chimo	60	0	60	0
Cambridge Bay	831	5	626	200
Coppermine	806	0	751	55
Gjoa Haven	562	0	537	25
Holman Island	333	0	308	25
Pelly Bay	239	0	219	20
Spence Bay	459	0	424	35
Unorganized	30	0	20	10

PRELIMINARY N.W.T. POPULATION ESTIMATES
June 1982
(Territorial Regional Boundries)

	TOTAL	INDIAN	INUIT	OTHER
INUVIK REGION	7,731	1,997	2,067	3,667
Aklavik	710	148	278	184
Arctic Red River	132	100	5	27
Colville Lake	57	57	0	0
Fort Franklin	536	332	0	204
Fort Good Hope	476	362	0	114
Fort McPherson	629	471	0	158
Fort Norman	309	236	0	77
Inuvik	3,171	240	662	2,269
Norman Wells	563	35	5	523
Paulatuk	182	0	172	10
Sachs Harbour	160	5	138	17
Tuktoyaktuk	795	15	701	79
Unorganized	11	0	6	5
FORT SMITH REGION	23,157	5,127	260	17,770
Detah	144	144	0	0
Enterprise	46	5	0	41
Fort Liard	408	343	0	65
Fort Providence	619	459	0	160
Fort Resolution	463	207	0	256
Fort Simpson	999	486	0	513
Fort Smith	2,279	354	55	1,870
Hay River	2,891	308	25	2,558
Jean Marie River	71	60	0	11
Kakisa Lake	36	36	0	0
Lac La Martre	281	271	0	513
Nahanni Butte	85	75	0	10
Paradise Gardens	48	5	0	43
Pine Point	2,023	16	10	1,997
Port Radium	14	0	0	14
Rae Lakes	202	192	0	10
Rae-Edzo	1,445	1,007	0	438
Reliance	15	5	0	10
Snare Lake	72	72	0	0
Snowdrift	246	221	0	25
Trout Lake	59	54	0	5
Tungsten	374	10	0	364
Wrigley	138	133	0	5
Yellowknife	9,972	614	160	9,198
Unorganized	227	50	10	167

FIVE YEAR TRENDS IN N.W.T. INFANT HEALTH INDICATORS

INDICATORS	YEAR	INDIAN	INUIT	OTHER	TOTAL
LIVEBIRTHS Rate per 1,000 Population	1972 1977 1982	29.1 24.2 28.7	35.1 33.9 33.1	31.9 24.6 22.5	32.5 27.7 27.1
LOW BIRTHWEIGHT INFANTS - Rate per 100 Livebirths	1972 1977 1982	10.0 9.9 6.8	12.0 8.7 9.2	7.7 4.5 6.0	9.8 7.1 7.5
STILLBIRTHS - Rate per 1,000 Total Births	1972 1977 1982	0.0 15.4 0.0	21.0 17.4 20.0	8.0 7.7 7.4	11.7 13.0 11.6
PERINATAL Mortality Rate Rate per 1,000 Total Births	1972 1977 1982	9.5 46.4 0.0	41.2 34.9 29.0	20.0 19.4 11.1	27.0 30.2 17.0
NEONATAL DEATHS - Rate per 1,000 Livebirths	1972 1977 1982	19.0 36.6 4.9	23.6 17.7 9.3	14.1 11.7 5.6	18.8 18.2 7.1
POST NEONATAL Mortality Rate (per 1,000 Livebirths)	1972 1977 1982	28.4 20.9 9.8	49.4 21.7 11.1	12.1 3.9 5.6	29.8 14.0 8.6
INFANT Mortality Rate (per 1,000 Livebirths)	1972 1977 1982	47.4 57.5 14.6	73.0 39.4 20.4	26.2 15.6 11.3	48.6 32.2 15.7

"REPORTED VITAL STATISTICS 1982"

INDIAN & NORTHERN HEALTH SERVICES

N.W.T. REGION

		INDIAN		INUIT		TOTAL INDIAN/ INUIT		OTHER		PROVINCE OR TERRITORY	
POPULATION		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Preliminary N.W.T Population Estimates – June 1982	(a)	7,154		16,280		23,434		23,619		47,053	
BIRTHS:											
Total births in N/S	(c)	11	5.3	82	14.9	93	12.3	21	3.9	114	8.8
Total births in Hospital	(d)	194	94.6	460	83.6	654	86.6	513	95.7	1,167	90.3
Total births in other locations	(e)	0	0.0	8	1.4	8	1.0	2	0.3	10	0.7
Total births	(f)	205		550		755		536		1,291	
Total live births	(g)	205	28.7	539	33.1	744	31.7	532	22.5	1,276	27.1
Low birth weight infants	(h)	14	6.8	50	9.2	64	8.6	32	6.0	96	7.5
DEATHS:											
Stillbirths	(i)	0	0.0	11	20.0	11	14.5	4	7.4	15	11.6
Perinatal	(j)	0	0.0	16	29.0	16	21.1	6	11.1	22	17.0
Neonatal	(k)	1	4.9	5	9.3	6	8.1	3	5.6	9	7.1
Post neonatal	(l)	2	9.8	6	11.1	8	10.8	3	5.6	11	8.6
Total infant	(m)	3	14.6	11	20.4	14	18.8	6	11.3	20	15.7
Maternal	(n)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other deaths	(o)	47		80		127		83		210	
Total deaths	(p)	50	7.0	91	5.6	141	6.0	89	3.8	230	4.9
NATURAL INCREASE	I	155	21.7	448	27.5	603	25.7	443	18.8	1,046	22.2

c) Rate per 100 births (total births (f)).
d) Rate per 100 births (total births (f)).
e) Rate per 100 births (total births (f)).

f) This should be equal to total (c) + (d) + (e) and also of (g)+(i).
g) Rate per 1,000 population (b).
h) 2.5 kg. or under, Rate per 100 live births (g).
i) Foetal deaths of 20 weeks or more gestation or more than 500 gm. Ratio per 1,000 total births (f). If you are defining stillbirths by 28 weeks or more gestation, please footnote clearly. However, please attempt to report by 20 weeks definition.
j) Stillbirths + deaths under 7 days, Rate per 1,000 total births (f).
k) Under 28 days. Rate per 1,000 live births (g).
l) 28 days and under 1 year. Rate per 1,000 live births (g).
m) Under 1 year ((l) + (k)). Rate per 1,000 live births (g).
n) Rate per 10,000 live births (g).
o) All other deaths includes maternal deaths (n) but excludes infant deaths (m) and stillbirths (i).
p) Total deaths equals infant deaths (m) plus other deaths (o). Crude death rate per 1,000 population (a).
I) Natural increase rate.

$$\frac{(g) - (p)}{(b)} \times 1{,}000$$

N.W.T. REGION

"REPORTED VITAL STATISTICS 1982"

INDIAN & NORTHERN HEALTH SERVICES

		TOTAL MACKENZIE ZONE		TOTAL INUVIK ZONE		TOTAL KEEWATIN ZONE		TOTAL BAFFIN ZONE		TOTAL N.W.T. REGION	
POPULATION		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Preliminary N.W.T Population Estimates - June 1982	(a)	26,497		7,731		4,763		8,062		47,053	
BIRTHS:											
Total births in N/S	(c)	41	5.8	14	6.6	16	13.2	43	16.6	114	8.8
Total births in Hospital	(d)	657	93.7	195	92.4	104	85.9	211	81.7	1,167	90.3
Total births in other locations	(e)	3	0.4	2	0.9	1	0.8	4	1.5	10	0.7
Total births	(f)	701		211		121		258		1,291	
Total live births	(g)	695	26.2	207	26.8	120	25.2	254	31.5	1,276	27.1
Low birth weight infants	(h)	43	6.1	15	7.2	9	7.5	29	11.4	96	7.5
DEATHS:											
Stillbirths	(i)	6	8.5	4	18.9	1	8.2	4	15.5	15	11.6
Perinatal	(j)	9	12.8	5	23.6	2	16.5	6	23.2	22	17.0
Neonatal	(k)	5	7.2	1	4.8	1	8.3	2	7.9	9	7.1
Post neonatal	(l)	6	8.6	3	14.5	1	8.3	1	3.9	11	8.6
Total infant	(m)	11	15.8	4	19.3	2	16.6	3	11.8	20	15.7
Maternal	(n)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other deaths	(o)	127		35		26		22		210	
Total deaths	(p)	138	5.2	39	5.0	28	5.9	25	3.1	230	4.9
NATURAL INCREASE	I	557	21.0	168	21.7	92	19.3	229	28.4	1,046	22.2

c) Rate per 100 births (total births (f)).
d) Rate per 100 births (total births (f)).
e) Rate per 100 births (total births (f)).

f) This should be equal to total (c) + (d) + (e) and also of (g)+(i).
g) Rate per 1,000 population (b).
h) 2.5 kg. or under, Rate per 100 live births (g).
i) Foetal deaths of 20 weeks or more gestation or more than 500 gm. Ratio per 1,000 total births (f). If you are defining stillbirths by 28 weeks or more gestation, please footnote clearly. However, please attempt to report by 20 weeks definition.
j) Stillbirths + deaths under 7 days, Rate per 1,000 total births (f).
k) Under 28 days. Rate per 1,000 live births (g).
l) 28 days and under 1 year. Rate per 1,000 live births (g).
m) Under 1 year ((l) + (k)). Rate per 1,000 live births (g).
n) Rate per 10,000 live births (g).
o) All other deaths includes maternal deaths (n) but excludes infant deaths (m) and stillbirths (i).
p) Total deaths equals infant deaths (m) plus other deaths (o). Crude death rate per 1,000 population (a).
I) Natural increase rate.

$$\frac{(g) - (p)}{(b)} \times 1{,}000$$

VITAL STATISTICS - 3 Year Period
N.W.T. Region

POPULATION	INDIAN 7,154				INUIT 16,280				OTHER 23,619				TOTAL 47,053			
	1982 NO	1982 RATE	1981 RATE	1980 RATE	1982 NO	1982 RATE	1981 RATE	1980 RATE	1982 NO	1982 RATE	1981 RATE	1980 RATE	1982 NO	1982 RATE	1981 RATE	1980 RATE
A. Live Births	205	28.6	24.3	25.6	539	32.5	32.1	32.2	532	22.5	25.0	22.7	1,276	27.1	27.3	26.5
B. Live Births Born in Hosp or N/S	205	100.0	99.5	100.0	542	98.5	99.8	100.0	534	99.6	100.0	100.0	1,281	99.1	99.8	100.0
C. Low Birthweight Infants	14	6.8	8.7	1.8	50	9.2	8.1	4.9	32	6.0	3.7	4.0	96	7.5	6.3	4.0
D. Stillbriths	0	0.0	9.6	9.1	11	20.0	3.9	7.8	4	7.4	3.7	7.9	15	11.6	4.8	8.1
E. Perinatal Deaths	0	0.0	14.3	9.1	16	29.0	23.6	21.6	6	11.1	11.2	21.9	22	17.0	16.7	19.5
F. Neonatal Deaths	1	4.8	4.8	0.0	6	11.1	19.7	17.8	3	5.6	7.5	16.1	10	7.8	12.0	13.9
G. Post Neonatal Deaths	2	9.7	0.0	4.6	5	9.2	17.8	21.8	2	3.7	3.7	2.0	9	7.0	8.8	10.6
H. Infant Deaths (Under 1 Year)	3	14.6	4.8	4.6	11	20.4	37.5	39.6	5	9.3	11.2	18.1	19	14.8	20.8	24.6
I. Total Deaths (Crude Death Rate)	50	7.0	4.2	5.6	91	5.6	6.0	5.7	89	3.8	3.2	4.1	230	4.9	4.3	5.0
J. Natural Increase	155	21.7	20.1	20.0	448	27.5	9.4	26.5	443	18.8	21.8	18.6	1046	22.2	23.0	21.5
K. Maternal Deaths	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0

A. Rate per 1,000 population
B. Rate per 100 live births
C. Rate per 100 live births
D. Rate per 1,000 live births
E. Stillbirths plus deaths, 0-7 days, per 1,000 total births
F. Deaths, 0-28 days, per 1,000 live births
G. Deaths, 29-365 days, per 1,000 live births
H. Deaths, under 1 year, per 1,000 live births
I. Crude Death Rate, deaths per 1,000 population
J. Rate per 1,000 population
K. Rate per 10,000 live births

CAUSES OF DEATH
BY INTERNATIONAL CLASSIFICATION
OF DISEASE, ETHNICITY AND SEX

CAUSE OF DEATH	INDIAN			INUIT			OTHER			TOTAL		
	M	F	% OF TOTAL DEATHS	M	F	% OF TOTAL DEATHS	M	F	% OF TOTAL DEATHS	M	F	% OF TOTAL DEATHS
1. Infectious & Parasitic Diseases	1	1	0.9	0	1	0.4	1	0	0.4	2	2	1.7
2. Neoplasms	5	3	3.5	11	7	7.8	12	4	7.0	28	14	18.3
3. Endocrine, Nutritional & Metabolic Diseases & Immunity Diseases	0	0	0.0	0	0	0.0	0	1	0.4	0	1	0.4
5. Mental Disorders	0	3	1.3	1	2	1.3	1	1	0.9	2	6	3.5
6. Diseases of the Nervous System & Sense Organs	0	1	0.4	0	1	0.4	0	0	0.0	0	2	0.9
7. Diseases of the Circulatory System	10	2	5.2	9	8	7.4	18	1	8.3	37	11	20.9
8. Diseases of the Respiratory System	1	2	1.3	6	2	3.5	3	3	2.6	10	7	7.4
9. Diseases of the Digestive System	0	0	0.0	0	0	0.0	2	0	0.9	2	0	0.9
10. Diseases of the Genitourinary System	1	0	0.4	0	1	0.4	1	0	0.4	2	1	1.3
14. Congenital Anomalies	0	0	0.0	1	1	0.9	2	1	1.3	3	2	2.2
15. Certain Conditions Originating in the Perinatal Period	0	1	0.4	3	2	2.2	0	0	0.0	3	3	2.6
16. Symptoms, Signs and Ill-Defined Conditions	4	5	3.9	6	4	4.3	2	0	0.9	12	9	9.1
17. Injury & Poisoning	8	2	4.3	18	7	10.9	25	11	15.7	51	20	30.9
TOTAL	30	20		55	36		67	22		152	78	

CAUSES OF DEATH
BY INTERNATIONAL CLASSIFICATION
OF DISEASE, AGE AND SEX

CAUSE OF DEATH	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Infectious and Parasitic Diseases	0	0	0	0	0	2	0	0	0	0	0	0	2	0	2	2
2. Neoplasms	1	0	0	0	0	1	2	2	5	4	4	3	16	4	28	14
3. Endocrine, Nutritional & Metabolic Diseases & Immunity Diseases	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
5. Mental Disorders	0	1	0	0	2	1	0	0	0	1	0	1	0	2	2	6
6. Diseases of the Nervous System & Sense Organs	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
7. Diseases of the Circulatory System	1	0	3	2	0	0	0	1	4	0	9	2	20	6	37	11
8. Diseases of the Respiratory System	1	0	0	0	1	0	2	0	0	0	0	2	6	5	10	7
9. Diseases of the Digestive System	0	0	0	0	1	0	0	0	1	0	0	0	0	0	2	0
10. Diseases of the Genitourinary System	0	0	0	0	0	0	0	0	0	0	0	0	2	1	2	1
14. Congenital Anomalies	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
15. Certain Conditions Originating in the Perinatal Period	4	3	0	0	0	0	0	0	0	0	0	0	0	0	4	3
16. Symptoms, Signs, & Ill-Defined Conditions	3	1	0	0	1	0	0	1	2	0	1	1	5	6	12	9
17. Injury & Poisonings	9	3	16	7	8	5	7	4	3	0	6	0	2	1	51	20
TOTAL	21	12	19	10	13	9	11	8	15	5	20	9	53	25	152	78

DEATHS BY SEX, AGE AND ETHNICITY

METHOD	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	2	3	14	5	5	4	21	12
15-24	5	2	7	5	7	3	19	10
25-34	2	3	4	2	7	4	13	9
35-44	1	2	4	4	6	2	11	8
45-54	2	1	5	2	8	2	15	5
55-64	2	1	6	4	12	4	20	9
65+	16	8	15	14	22	3	53	25
TOTALS	30	20	55	36	67	22	152	78

DEATHS FROM CANCER
BY SITE, ETHNICITY AND SEX

SITE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Upper Digestive Tract	0	1	1	0	2	0	3	1
Lower Digestive Tract	1	0	1	1	2	1	4	2
Respiratory Tract	1	1	5	4	3	1	9	6
Genito-Urinary System	0	1	0	1	0	1	0	3
Brain & Spinal Cord	0	0	1	0	0	0	1	0
Lymphatic & Haemopoietic System	2	0	1	0	1	0	4	0
Oral Cavity & Pharynx	0	0	1	0	1	0	2	0
Breast	0	0	0	0	0	1	0	1
Secondary-Primary Site Unknown	0	0	1	0	1	0	2	0
TOTAL	5	3	11	7	12	4	28	14

DEATHS FROM CANCER
BY SITE, AGE AND SEX

SITE	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Upper Digestive Tract	0	0	0	0	0	0	0	0	0	1	0	0	3	0	3	1
Lower Digestive Tract	0	0	0	0	0	0	0	0	0	0	0	0	4	2	4	2
Respiratory Tract	0	0	0	0	0	0	1	1	2	1	3	2	3	2	9	6
Genito-Urinary System	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	3
Brain&Spinal Cord	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Lymphatic and Haemopoietic System	0	0	0	0	0	0	0	0	1	0	0	0	3	0	4	0
Oral Cavity & Pharynx	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2	0
Breast	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Secondary-Primary Site Unknown	0	0	0	0	0	0	0	0	1	1	1	0	3	0	5	1
TOTAL	1	0	0	0	0	1	2	2	5	4	4	3	16	4	28	14

DEATHS FROM CANCER
BY AGE, ETHNICITY AND SEX

METHOD	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	0	0	1	0	0	0	1	0
15-24	0	0	0	0	0	0	0	0
25-34	0	1	0	0	0	0	0	1
35-44	0	0	0	2	2	0	2	2
45-54	1	1	3	2	1	1	5	4
55-64	0	1	2	0	2	2	4	3
65+	4	0	5	3	7	0	16	4
TOTALS	5	3	11	5	12	3	28	14

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE BY METHOD, ETHNICITY AND SEX

METHOD	INDIAN			INUIT			OTHER			TOTAL		
	M	F	%	M	F	%	M	F	%	M	F	%
Motor Vehicle	1	0	1.4	3	1	5.6	9	3	16.9	13	4	23.9
Drowning	3	0	4.2	5	0	7.0	2	1	4.2	10	1	15.5
Exposure	0	1	1.4	2	1	4.2	1	0	1.4	3	2	7.0
Fire	1	1	2.8	5	2	9.9	3	1	5.6	9	4	18.3
Stabbing	0	0	0.0	0	0	0.0	1	1	2.8	1	1	2.8
Firearms	2	0	2.8	1	1	2.8	3	1	5.6	6	2	11.3
Overdoses	1	0	1.4	0	2	2.8	1	3	5.6	2	5	9.9
Industrial	0	0	0.0	0	0	0.0	2	0	2.8	2	0	2.8
Other	0	0	0.0	2	0	2.8	3	1	5.6	5	1	8.5
TOTALS	8	2	14.1	18	7	35.2	25	11	50.7	51	20	100.0

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE BY METHOD, AGE AND SEX

METHOD	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Motor Vehicle	1	1	6	2	4	1	0	0	1	0	1	0	0	0	13	4
Drowning	3	0	5	0	0	1	0	0	1	0	1	0	0	0	10	1
Exposure	1	0	0	1	0	1	1	0	0	0	1	0	0	0	3	2
Fire	2	0	2	0	0	0	3	3	0	0	1	0	1	1	9	4
Stabbing	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	1
Firearms	0	1	2	1	2	0	2	0	0	0	0	0	0	0	6	2
Overdoses	0	1	0	3	0	1	0	0	1	0	0	0	1	0	2	5
Industrial	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2	0
Other	2	0	0	0	0	1	1	0	0	0	2	0	0	0	5	1
TOTALS	9	3	16	7	8	5	7	4	3	0	6	0	2	1	51	20

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE BY AGE, ETHNICITY AND SEX

AGE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	1	0	7	1	1	2	9	3
15-24	4	1	6	3	6	3	16	7
25-34	1	0	2	1	5	4	8	5
35-44	1	0	2	2	4	2	7	4
45-54	0	0	0	0	3	0	3	0
55-64	0	0	1	0	5	0	6	0
65+	1	1	0	0	1	0	2	1
TOTALS	8	2	18	7	25	11	51	20

SUICIDES BY METHOD, ETHNICITY AND SEX

METHOD	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Overdose	0	0	0	2	0	1	0	3
Slit Wrist	0	0	0	0	1	0	1	0
Firearms	1	0	1	0	0	0	2	0
TOTALS	1	0	1	2	1	1	3	3

SUICIDES BY METHOD, AGE AND SEX

METHOD	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Overdose	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	3
Slit Wrist	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Firearms	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2	0
TOTALS	0	0	0	2	2	1	1	0	0	0	0	0	0	0	3	3

SUICIDES BY AGE, ETHNICITY AND SEX

METHOD	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	0	0	0	0	0	0	0	0
15-24	0	0	0	2	0	0	0	2
25-34	1	0	1	0	0	1	2	1
35-44	0	0	0	0	1	0	1	0
45-54	0	0	0	0	0	0	0	0
55-64	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0
TOTALS	1	0	1	2	1	1	3	3

INFANT DEATHS BY CAUSE, ETHNICITY AND SEX

CAUSE OF DEATH	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Respiratory Infection	0	0	1	0	0	0	1	0
Congenital Anomalies	0	1	1	1	2	1	3	3
Accidental Causes	0	0	2	0	0	0	2	0
Prematurity	0	0	3	1	0	0	3	1
Sudden Infant Death Syndrome	1	1	0	0	2	0	3	1
Other/Unknown	0	0	0	2	0	1	0	3
TOTAL	1	2	7	4	4	2	12	8

INFANT DEATHS BY CAUSE, AGE AND SEX

CAUSE OF DEATH	EARLY NEONATAL (0-6 DAYS)		LATE NEONATAL (7-27 DAYS)		POST NEONATAL (28+ DAYS)		TOTAL	
	M	F	M	F	M	F	M	F
Respiratory Infection	0	0	0	0	1	0	1	0
Congenital Anomalies	1	1	1	1	1	1	3	3
Accidental Causes	0	0	0	0	2	0	2	0
Prematurity	3	1	0	0	0	0	3	1
Sudden Infant Death Syndrome	0	0	0	0	3	1	3	1
Other/Unknown	0	1	0	0	0	2	0	3
TOTAL	4	3	1	1	7	4	12	8

INFANT DEATHS BY AGE, ETHNICITY AND SEX

AGE GROUP	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Early Neonatal (0-6 days)	0	0	3	2	1	1	4	3
Late Neonatal (7-27 days)	0	1	0	0	1	0	1	1
Post Neonatal (28+ days)	1	1	4	2	2	1	7	4
TOTAL	1	2	7	4	4	2	12	8

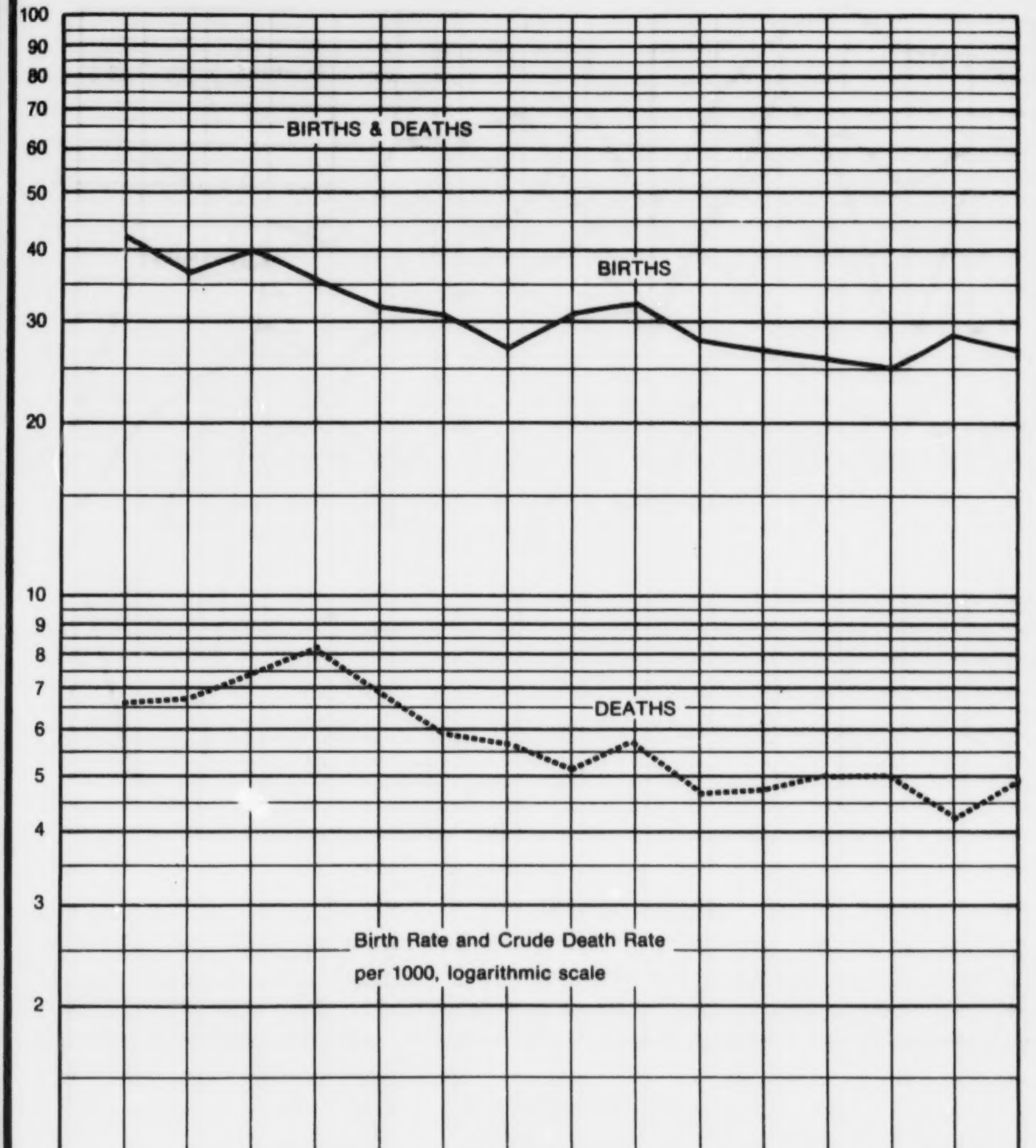
STILLBIRTHS BY CAUSE, ETHNICITY AND SEX

CAUSE OF STILLBIRTH	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Complications: Placenta, Cord and Membrane	0	0	1	5	1	0	2	5
Congenital Anomalies	0	0	0	0	1	0	1	0
Incomplete Cervix	0	0	0	0	1	0	1	0
Other	0	0	1	0	1	0	2	0
Unknown	0	0	3	1	0	0	3	1
TOTAL	0	0	5	6	4	0	9	6

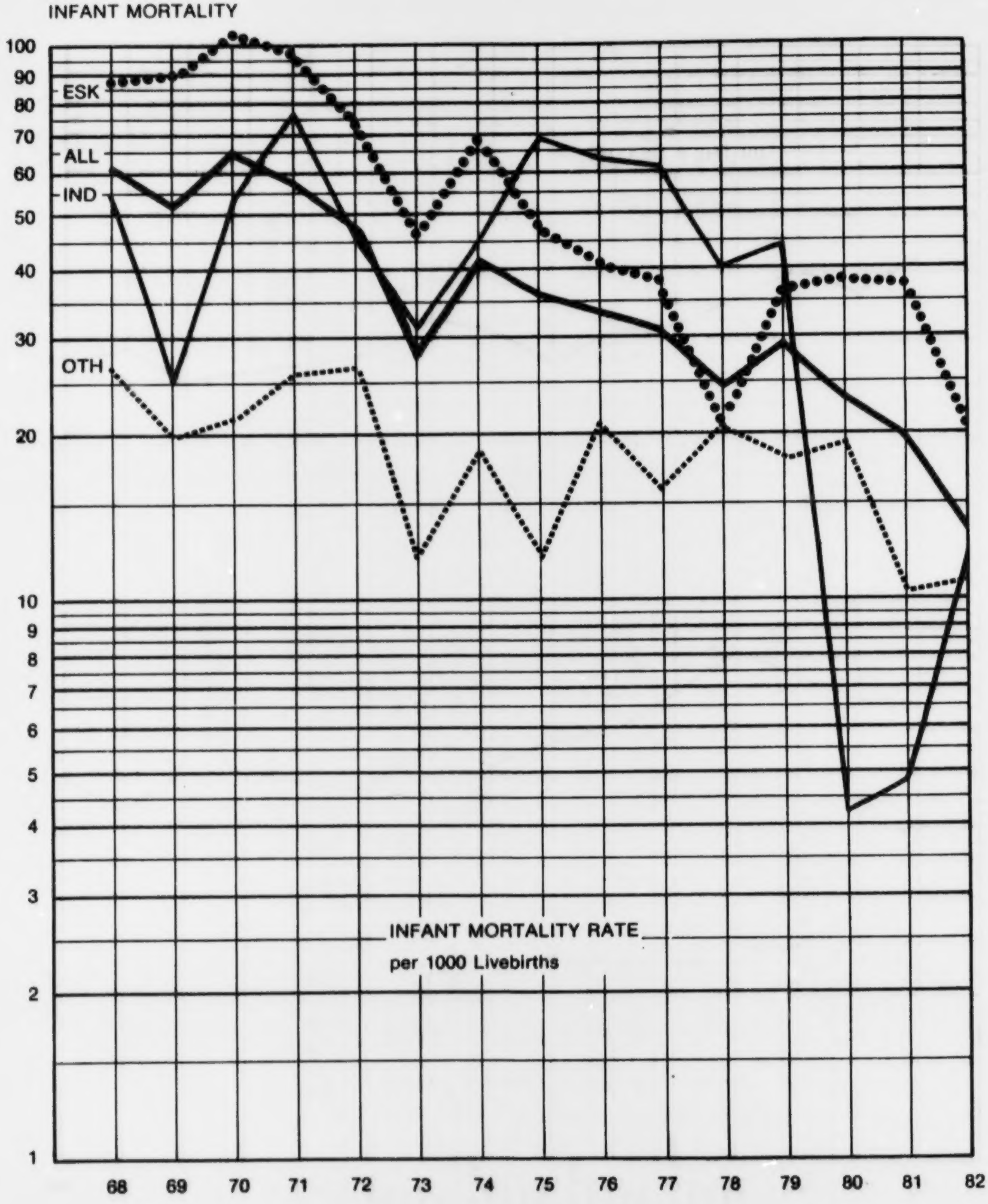
NORTHWEST TERRITORIES
MATERNAL AGE GROUPS - 1982

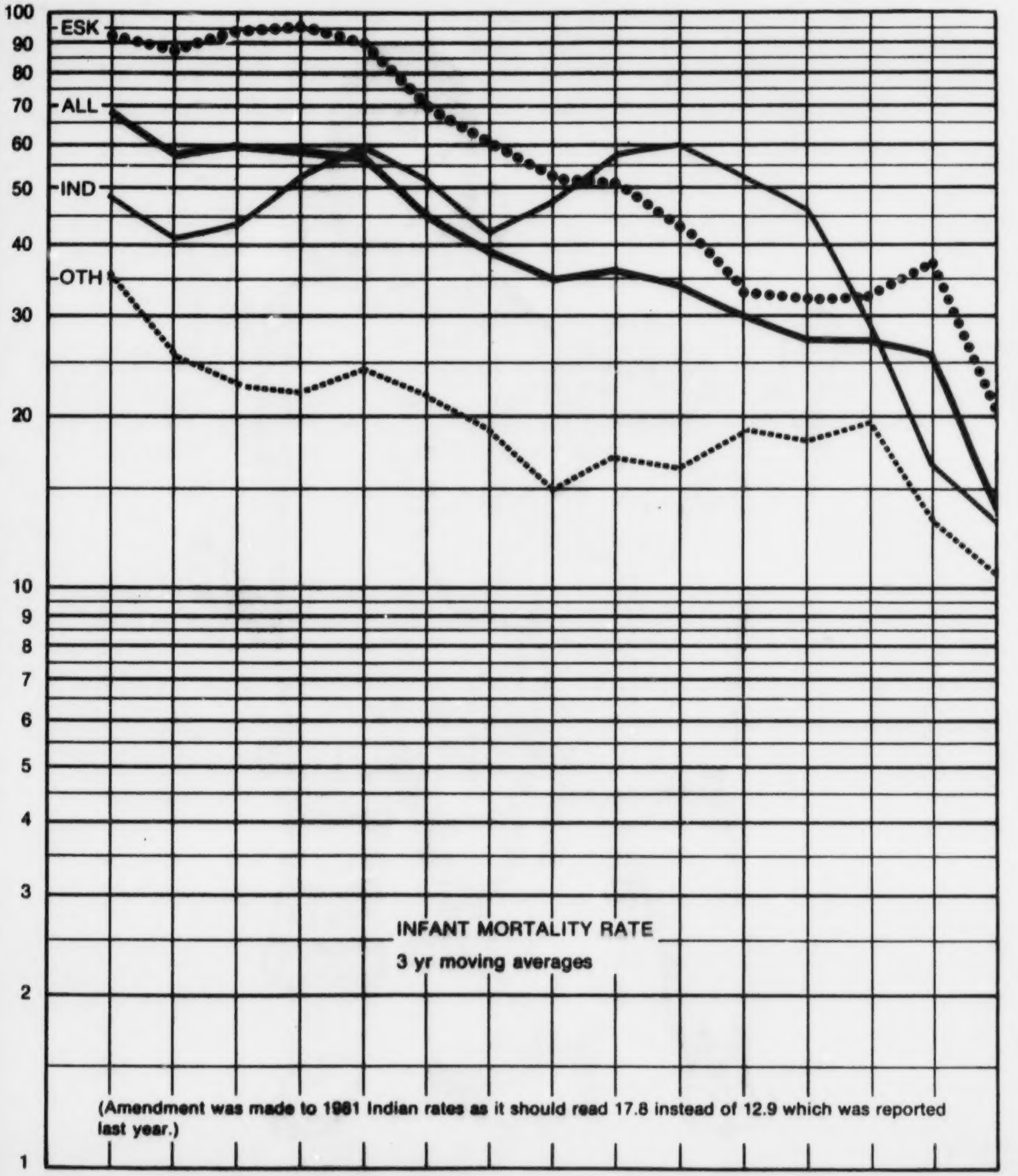
LIVEBIRTHS / STILLBIRTHS

	LIVEBIRTHS 14 - 19 yr.		20 - 24		25 - 29		30 - 34		35 - 39		40 - 44		Total		STILLBIRTHS 15 - 19	20 - 24	25 - 29	31	38	43	Total
	LBW	#	LBW	#	LBW	#	LBW	#	LBW	#	LBW	#	LBW	#							
MACKENZIE ZONE																					
Indian	3	44	3	58	3	30	1	16	0	2	0	1	10	151	0	0	0	0	0	0	0
Inuit	5	33	5	48	1	28	0	14	0	3	1	2	12	128	0	1	1	0	0	0	2
Other	1	42	6	133	7	154	3	61	3	23	1	2	21	415	0	2	1	1	0	0	4
TOTAL	9	119	14	239	11	212	4	91	3	28	2	5	43	694	0	3	2	1	0	0	6
INUVIK ZONE																					
Indian	0	9	2	21	0	15	1	4	1	3	0	1	4	53	0	0	0	0	0	0	0
Inuit	0	20	0	23	0	17	1	6	2	6	0	0	3	72	3	1	0	0	0	0	4
Other	1	11	3	23	4	35	0	13	0	0	0	0	8	82	0	0	0	0	0	0	0
TOTAL	1	40	5	67	4	67	2	23	3	9	0	1	15	207	3	1	0	0	0	0	4
BAFFIN ZONE																					
Indian	NIL →												0	0	0	0	0	0	0	0	0
Inuit	11	78	7	70	7	36	1	27	1	12	0	3	27	226	2	0	0	0	1	1	4
Other	1	1	1	4	0	16	0	7	0	0	0	0	2	28	0	0	0	0	0	0	0
TOTAL	12	79	8	74	7	52	1	34	1	12	0	3	29	254	2	0	0	0	1	1	4
KEEWATIN ZONE																					
Indian	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Inuit	1	34	3	38	2	20	0	13	2	7	0	1	8	113	0	1	0	0	0	0	1
Other	0	1	0	1	0	3	0	0	1	2	0	0	1	7	0	0	0	0	0	0	0
TOTAL	1	35	3	40	2	23	0	13	3	9	0	1	9	121	0	1	0	0	0	0	1
TOTAL N.W.T.	23	273	30	420	24	354	7	161	10	58	2	10	96	1276	5	5	2	1	1	1	15



100
90
80
70
60
50
40
30
20
10
9
8
7
6
5
4
3
2
1
BIRTHS & DEATHS
BIRTHS
DEATHS
Birth Rate and Crude Death Rate
per 1000, logarithmic scale
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82


INFANT MORTALITY
100
90
80
70
60
50
40
30
20
10
9
8
7
6
5
4
3
2
1
ESK
ALL
IND
OTH
INFANT MORTALITY RATE
per 1000 Livebirths
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82



INFANT MORTALITY RATE

3 yr moving averages

(Amendment was made to 1981 Indian rates as it should read 17.8 instead of 12.9 which was reported last year.)

COMMUNITY HEALTH INFORMATION SYSTEM

In October 1981, a Health and Welfare, N.W.T. Regional Task Force was established to implement an effective Community Health Information System that interrelated to the existing and jointly shared Health Management Information System.

The objective of the N.W.T. Regional Task Force was

- to implement an effective Community Health Information System in order to quantify Regional Objectives and provide pertinent information to the field,
- to acquire, process and store data and to disseminate information in accordance with the needs of Health and Welfare, N.W.T. Region,
- to provide management with an operational control by concerning itself with the efficiency, quality and effectiveness of health programs and its use of resources in comparison against standards.

The original Health Management Information System, with responsibility jointly shared by the Territorial Government's Departments of Health and Social Services, and Medical Services, N.W.T. Region provides a high quality health claims processing system and a valuable Health Management Information System.

The complexity and variety of services and the impact of health care delivery at the field level demanded an analysis of information being stored in the existing computerized Health Management Information System (H.M.I.S.). The subsystem, "The Community Health Information System" became operational in December 1982 incorporating defined requirements as identified by health professionals.

The objectives of the Community Health Information System is to provide a quantitative analysis of health services at the community level incorporating;

- incidence and prevalance of disease,
- identification and evaluation of the level of health care being provided,
- capability of "needs" assessment involving review of level of illness and suitability and then determining if there are suitable programs, health professionals and health facilities to deal with the problems,
- capability of monitoring and assessing administrative and clinical needs,
- public health program delivery in comparison against standards,
- utilization of resources, be it facilities, personnel, or finances,
- incidence of disease in relation to drug and alcohol related causes.

The Community Health Services Information System was designed to provide the mechanism in which to evaluate whether or not services provided were convenient, co-ordinated, continuous, comprehensive and most importantly, addressed the health needs of the community.

Activities recorded by nurses in the field and input into the computerized Health Management Information System for the period January to December 31, 1982 are summarized in the following tables and graphs.

The following tables identify patients and services. For each patient seen, more than one service may be performed. Services are identified in the diagnostic category or public health service to which the patient was treated.

In the Northwest Territories, 81,145 patients were seen and 184,987 services were performed by nurses in the field.

PERIOD: January 1 - December 31, 1982
ZONE: N.W.T. Region Summary of Nursing Activities

	PATIENTS	SERVICES
ACTIVE TREATMENT		
1. Infectious & Parasitic Diseases	4410	5920
2. Neoplasms	112	288
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	286	404
4. Diseases of the Blood and Blood-Forming Organs	318	449
5. Mental Disorders	795	1209
6. Diseases of the Nervous System and Sense Organs	7937	12153
7. Diseases of the Circulatory System	1020	1728
8. Diseases of the Respiratory System	15332	27262
9. Diseases of the Digestive System	3860	7741
10. Diseases of the Genitourinary System	3019	5907
11. Complications of Pregnancy, Childbirth, and the Puerperium	314	569
12. Diseases of the Skin and Subcutaneous Tissue	3406	6648
13. Diseases of the Musculoskeletal System and Connective Tissue	2249	4425
14. Congenital Anomalies	56	121
15. Certain Conditions Originating in the Perinatal Period	40	88
16. Symptoms, Signs, and Ill-defined Conditions	3416	8963
17. Injury and Poisoning	5642	11718
SUB-TOTAL	52212	95593
PUBLIC HEALTH		
1. Maternal Child Health	3164	7990
2. Infant Health	1927	7664
3. Preschool Health	1756	4493
4. School Health	538	1047
5. Adult Health	1771	5057
6. Environmental Surveillance	23	158
7. Education	3625	18358
8. Family Planning	1427	2308
9. Home Visits	380	799
10. Screening	1852	6482
11. Immunization	4098	9518
12. Communicable Diseases	730	2275
13. Administration	2697	9345
14. Public Health General	4936	13900
SUB-TOTAL	28,923	89,394
TOTAL	81,145	184,987

PERIOD: January 1 - December 31, 1982
ZONE: MacKenzie Zone Summary of Nursing Activities

ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	1501	1940
2. Neoplasms	27	80
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	90	131
4. Diseases of the Blood and Blood-Forming Organs	130	185
5. Mental Disorders	214	318
6. Diseases of the Nervous System and Sense Organs	2456	3702
7. Diseases of the Circulatory System	218	336
8. Diseases of the Respiratory System	4257	7578
9. Diseases of the Digestive System	1148	2444
10. Diseases of the Genitourinary System	879	1731
11. Complications of Pregnancy, Childbirth, and the Puerperium	79	138
12. Diseases of the Skin and Subcutaneous Tissue	969	1943
13. Diseases of the Musculoskeletal System and Connective Tissue	740	1357
14. Congenital Anomalies	15	26
15. Certain Conditions Originating in the Perinatal Period	4	9
16. Symptoms, Signs, and Ill-defined Conditions	937	2696
17. Injury and Poisoning	1846	3710
SUB-TOTAL	15510	23324
PUBLIC HEALTH		
1. Maternal Child Health	857	3137
2. Infant Health	532	3844
3. Preschool Health	426	1836
4. School Health	260	566
5. Adult Health	822	2500
6. Environmental Surveillance	22	125
7. Education	2509	9222
8. Family Planning	313	588
9. Home Visits	37	129
10. Screening	395	2675
11. Immunization	2036	5103
12. Communicable Diseases	263	783
13. Administration	671	3004
14. Public Health General	1337	6122
SUB-TOTAL	10480	39634
TOTAL	25,990	62,958

PERIOD: January 1 - December 31, 1982
ZONE: Inuvik Zone Summary of Nursing Activities

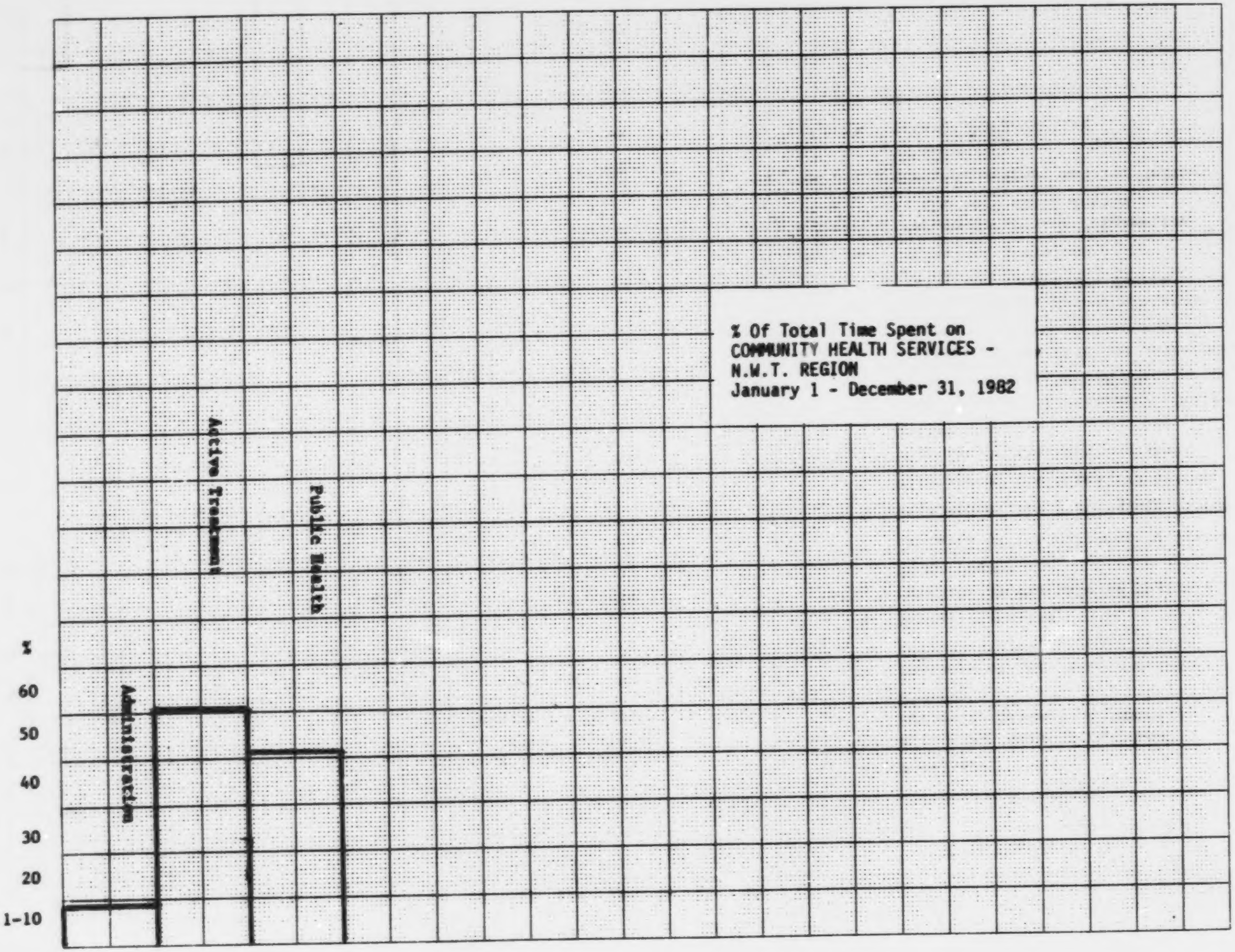
ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	589	813
2. Neoplasms	12	15
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	79	108
4. Diseases of the Blood and Blood-Forming Organs	60	93
5. Mental Disorders	194	283
6. Diseases of the Nervous System and Sense Organs	1261	1836
7. Diseases of the Circulatory System	234	419
8. Diseases of the Respiratory System	2171	3670
9. Diseases of the Digestive System	788	1468
10. Diseases of the Genitourinary System	575	1075
11. Complications of Pregnancy, Childbirth, and the Puerperium	59	89
12. Diseases of the Skin and Subcutaneous Tissue	563	1038
13. Diseases of the Musculoskeletal System and Connective Tissue	422	835
14. Congenital Anomalies	13	29
15. Certain Conditions Originating in the Perinatal Period	8	18
16. Symptoms, Signs, and Ill-defined Conditions	675	1666
17. Injury and Poisoning	1302	2741
SUB-TOTAL	9005	16196
PUBLIC HEALTH		
1. Maternal Child Health	488	943
2. Infant Health	249	557
3. Preschool Health	221	371
4. School Health	115	168
5. Adult Health	247	555
6. Environmental Surveillance	1	11
7. Education	189	1218
8. Family Planning	268	423
9. Home Visits	10	21
10. Screening	299	690
11. Immunization	523	1070
12. Communicable Diseases	191	492
13. Administration	377	1065
14. Public Health General	881	1473
SUB-TOTAL	4059	9057
TOTAL	13,064	25,253

PERIOD: January 1 - December 31, 1982
ZONE: Baffin Zone Summary of Nursing Activities

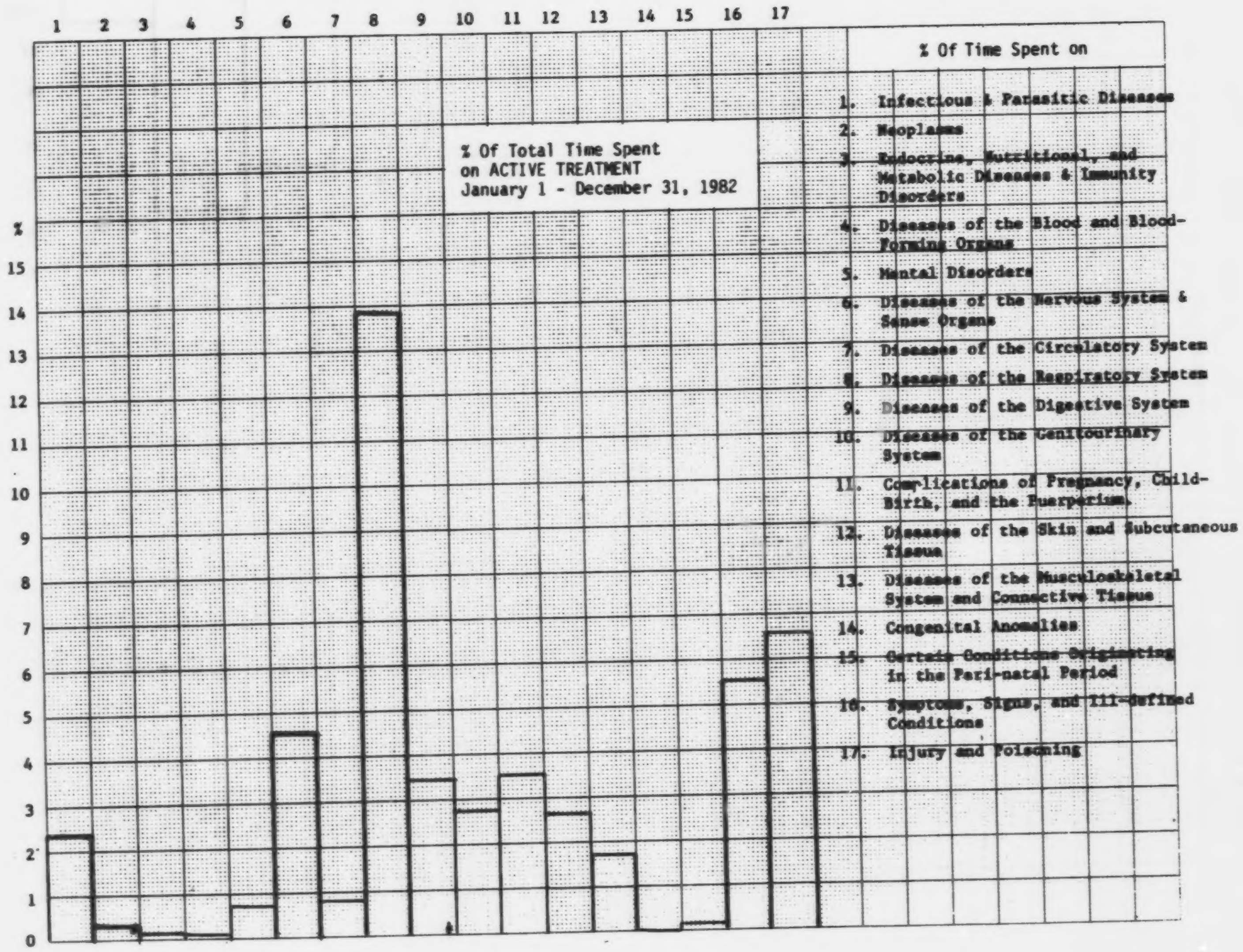
ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	1319	1850
2. Neoplasms	50	109
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	80	120
4. Diseases of the Blood and Blood-Forming Organs	53	70
5. Mental Disorders	248	406
6. Diseases of the Nervous System and Sense Organs	2155	3591
7. Diseases of the Circulatory System	326	622
8. Diseases of the Respiratory System	4369	8442
9. Diseases of the Digestive System	1109	2243
10. Diseases of the Genitourinary System	789	1660
11. Complications of Pregnancy, Childbirth, and the Puerperium	113	223
12. Diseases of the Skin and Subcutaneous Tissue	1006	2023
13. Diseases of the Musculoskeletal System and Connective Tissue	600	1272
14. Congenital Anomalies	18	42
15. Certain Conditions Originating in the Perinatal Period	17	32
16. Symptoms, Signs, and Ill-defined Conditions	905	2398
17. Injury and Poisoning	1233	2790
SUB-TOTAL	14390	27893
PUBLIC HEALTH		
1. Maternal Child Health	1271	2666
2. Infant Health	883	2432
3. Preschool Health	827	1747
4. School Health	141	262
5. Adult Health	546	1650
6. Environmental Surveillance		16
7. Education	755	6594
8. Family Planning	708	1090
9. Home Visits	331	643
10. Screening	755	2003
11. Immunization	1003	2313
12. Communicable Diseases	216	798
13. Administration	1025	3422
14. Public Health General	1358	3740
SUB-TOTAL	9819	29376
TOTAL	24,209	57,269

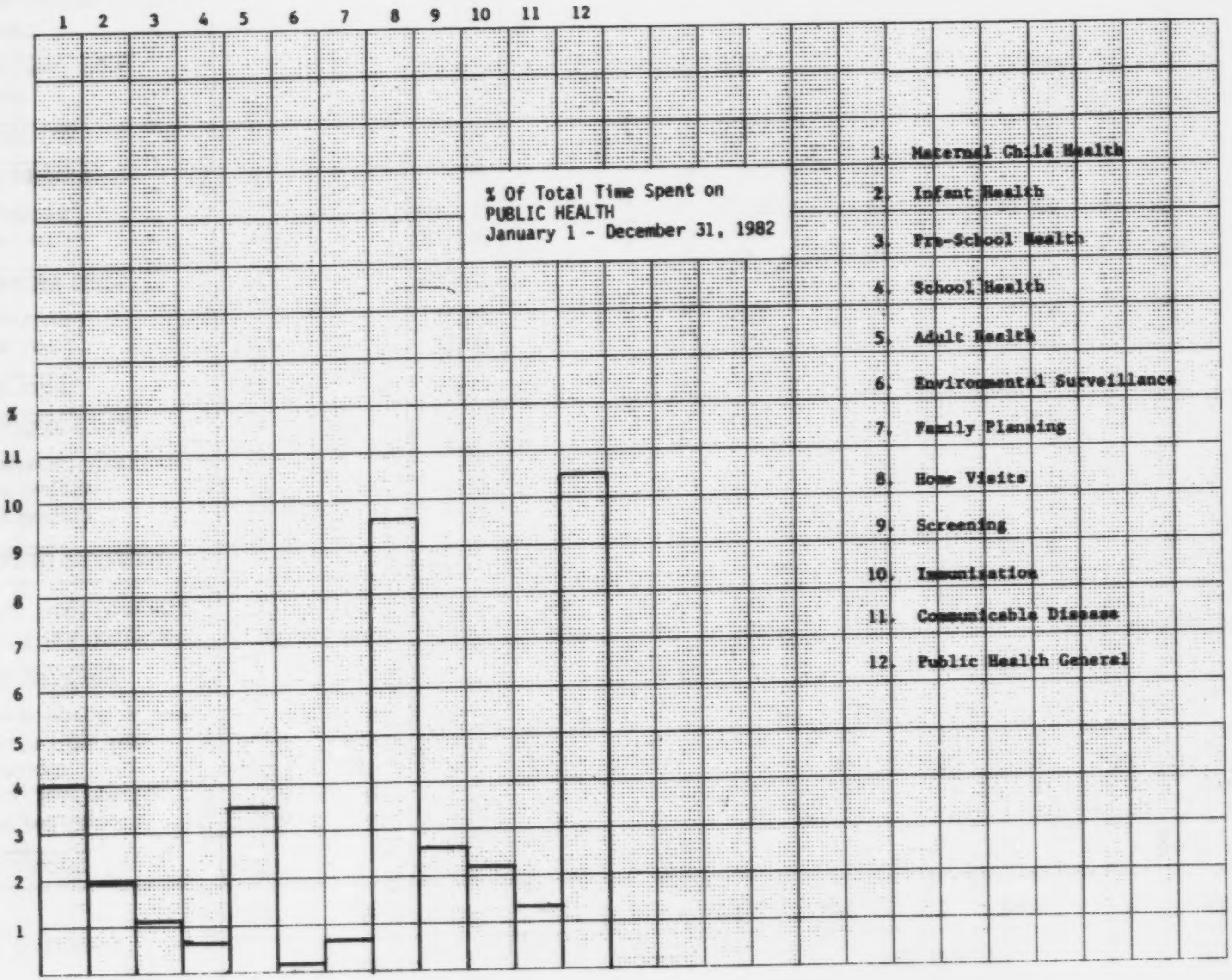
PERIOD: January 1 - December 31, 1982
ZONE: Keewatin Zone Summary of Nursing Activities

	PATIENTS	SERVICES
ACTIVE TREATMENT		
1. Infectious & Parasitic Diseases	1001	1317
2. Neoplasms	23	84
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	37	45
4. Diseases of the Blood and Blood-Forming Organs	75	101
5. Mental Disorders	139	202
6. Diseases of the Nervous System and Sense Organs	2065	3024
7. Diseases of the Circulatory System	242	351
8. Diseases of the Respiratory System	4535	7572
9. Diseases of the Digestive System	815	1586
10. Diseases of the Genitourinary System	776	1441
11. Complications of Pregnancy, Childbirth, and the Puerperium	63	119
12. Diseases of the Skin and Subcutaneous Tissue	868	1644
13. Diseases of the Musculoskeletal System and Connective Tissue	487	961
14. Congenital Anomalies	10	24
15. Certain Conditions Originating in the Perinatal Period	11	29
16. Symptoms, Signs, and Ill-defined Conditions	899	2203
17. Injury and Poisoning	1261	2477
SUB-TOTAL	13307	23180
PUBLIC HEALTH		
1. Maternal Child Health	548	1244
2. Infant Health	263	831
3. Preschool Health	282	539
4. School Health	22	51
5. Adult Health	156	352
6. Environmental Surveillance		6
7. Education	172	1324
8. Family Planning	138	207
9. Home Visits	1	6
10. Screening	403	1114
11. Immunization	536	1032
12. Communicable Diseases	60	202
13. Administration	624	1854
14. Public Health General	1360	2565
SUB-TOTAL	4565	11327
TOTAL	17,872	34,507



% Of Total Time Spent on
COMMUNITY HEALTH SERVICES -
N.W.T. REGION
January 1 - December 31, 1982


% Of Total Time Spent
on ACTIVE TREATMENT
January 1 - December 31, 1982
%
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
% Of Time Spent on
1. Infectious & Parasitic Diseases
2. Neoplasms
3. Endocrine, Nutritional, and Metabolic Diseases & Immunity Disorders
4. Diseases of the Blood and Blood-Forming Organs
5. Mental Disorders
6. Diseases of the Nervous System & Sense Organs
7. Diseases of the Circulatory System
8. Diseases of the Respiratory System
9. Diseases of the Digestive System
10. Diseases of the Genitourinary System
11. Complications of Pregnancy, Child-Birth, and the Puerperium
12. Diseases of the Skin and Subcutaneous Tissue
13. Diseases of the Musculoskeletal System and Connective Tissue
14. Congenital Anomalies
15. Certain Conditions Originating in the Peri-natal Period
16. Symptoms, Signs, and Ill-defined Conditions
17. Injury and Poisoning



% Of Total Time Spent on
PUBLIC HEALTH
January 1 - December 31, 1982

A/C - Adult Child
N/B - Newborn

HOSPITAL STATISTICS

JANUARY 1, 1982 - DECEMBER 31, 1982

HOSPITAL	FROBISHER BAY			RAE-EDZO			FORT SIMPSON			INUVIK		
	A/C	N/B	TOTAL	A/C	N/B	TOTAL	A/C	N/B	TOTAL	A/C	N/B	TOTAL
BED CAPACITY												
Rated Bed Capacity	34	8	42	8	2	10	14	3	17	55	10	65
Set Up Bed Capacity	34	8	42	8	2	10	13	3	17	N/AV	N/AV	N/AV
Admissions	1,713	227	1,940	191	21	212	294	37	331	1,442	164	1,606
Total Patient Days	7,347	995	8,342	1,107	78	1,185	1,593	170	1,763	10,755	992	11,747
Average Length of Stay	4.3	4.4	4.3	5.8	3.7	5.6	5.4	4.6	5.3	6.4	5.9	7.0
% BED OCCUPANCY												
Rated % Bed Occupancy	100.0	100.0	100.0	41.7	9.7	25.4	41.5	30.0	35.8	49.4	27.2	49.5
Set up % Bed Occupancy	59.2	34.1	54.4	41.7	25.4	41.5	30.0	35.8	N/AV	N/AV	N/AV	N/AV
OPERATING PROCEDURES												
Major Surgery			145			0			0			141
Minor Surgery			429			0			0			316
Therapeutic Abortions			N/A			0			0			0
OUTPATIENT VISITS			7,570			6,765			5,445			14,699
X-RAY EXAMS			3,847			416			8,916			3,848
(Inpatient)			1,328			124			2,312			1,173
(Outpatient)			2,519			292			6,604			2,675
LABORATORY UNITS			382,487			16,140			70,709			484,136
(Inpatient)			221,252			8,305			20,885			190,237
(Outpatient)			161,235			7,835			49,824			293,899
PHYSIOTHERAPY			216			0			0			0
LAUNDRY (kg.)			15,556			3,908			6,089			N/A
DIETARY (Total Meal Days)			13,468			2,391			4,800			22,548
PHARMACY (Prescriptions filled)			9,455			0			0			1,491

MATERNAL, INFANT AND PRE-SCHOOL CHILD HEALTH

Maternal and Child Health continues to be one of the core community health programs. The objective is not only a continued reduction of maternal and infant morbidity and mortality, but to improve the general health status of non-pregnant and pregnant women, mothers and children.

Prenatal care is usually provided through regularly held clinics. Emphasis is given to encouraging early and regular prenatal care by the nurse and physician.

The care also includes prenatal teaching on a one-to-one basis or through formal classes. In some areas fathers participate in the classes, as well as other interested young people. Older women sometimes participate to share information on traditional cultural values and practices related to childbirth. Teaching and counselling includes information related to the effects of alcohol and smoking on the developing fetus.

Breastfeeding is actively promoted and the general trend towards natural feeding continues.

Screening for Hepatitis B has been added to prenatal care. Mothers found to be carriers are offered Immune Globulin for their infants.

Well child clinics are held regularly. Included are assessment of growth and development, anticipatory guidance, counselling, nutrition, health safety education, and immunizations which are maintained at a high level.

Nurses identify and maintain a register of children with special problems. Parents and families of these children receive increased support and help from the nurse, community health representative or both.

Family planning services and information are available to both sexes, at all Medical Services facilities.

Well women clinics are held in most settlements and are generally well accepted. Services include regular papanicolaou smears and instructions in self-examination of the breast. When numbers do not warrant special clinics, these activities are integrated with other clinics.

Nurses and community health representatives complement all program activities with home visits to provide family support and health teaching in the home setting.

SCHOOL PROGRAM

The purpose of the school health program is to assist and support parents and teachers in promoting healthy growth and development of the school age child. It tries to stimulate in the child, interest and responsibility for personal health through development of sound health practices and lifestyle.

Prior to entering kindergarten, parents are encouraged to bring children for physical and developmental assessment, so potential problems can be detected and minimized early.

The program includes teacher-nurse consultations; student counselling; dental health and immunization maintenance; hearing and vision screening.

Self initiated referrals are encouraged, and show increasing student awareness and interest in health matters.

Nurses act as resource persons to teachers in promoting health education in the school. As requested, they also speak to individual classes on specific health topics.

Formal Family Life Education classes remains a sensitive matter in some communities; whereas in others, such classes are requested.

REPORTED IMMUNIZATION STATUS-1982

TOTAL N.W.T

POPULATION SERVED	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 1.335	D.P.T./D.C.T.	82.4	12.9
	Polio	80.5	12.2
	Measles	52.4	
	B.C.G.	59.6	
	Other	0.2	
PRE-SCHOOL 4,763	D.P.T./D.C.T.	90.9	8.0
	Polio	90.4	8.0
	M.M.R.	89.0	
	B.C.G.	74.1	
	Measles	14.1	
SCHOOL-AGE 15,075	Diphtheria/Tetanus	88.8	5.8
	Polio	87.5	6.2
	Measles	64.3	
	Mumps	38.5	
	Rubella	63.9	
	B.C.G.	66.7	
	Smallpox	2.7	
	MMR	19.0	

REPORTED IMMUNIZATION STATUS-1982

INDIAN

POPULATION SERVED	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 190	D.P.T./D.C.T.	76.3	16.3
	Polio	76.3	15.3
	Measles	47.4	
	B.C.G.	82.6	
	Other	4.2	
PRE-SCHOOL 771	D.P.T./D.C.T.	86.5	10.4
	Polio	85.6	11.3
	M.M.R.	88.8	
	B.C.G.	90.3	
	Measles	15.2	
SCHOOL-AGE 2,724	Diphtheria/Tetanus	90.3	5.4
	Polio	87.8	6.2
	Measles	83.2	
	Mumps	58.7	
	Rubella	82.6	
	B.C.G.	81.7	
	Smallpox	6.6	
	MMR	8.2	

REPORTED IMMUNIZATION STATUS-1982

INUIT

POPULATION SERVED	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 589	D.P.T./D.C.T.	83.7	11.3
	Polio	84.9	10.2
	Maasles	54.2	
	B.C.G.	92.5	
	Other	2.2	
PRE-SCHOOL 1,980	D.P.T./D.C.T.	93.8	5.2
	Polio	93.9	5.2
	M.M.R.	93.4	
	B.C.G.	94.3	
	Measles	8.9	
SCHOOL-AGE 6,568	Diphtheria/Tetanus	93.8	4.7
	Polio	93.4	4.9
	Measles	69.6	
	Mumps	38.7	
	Rubella	74.5	
	B.C.G.	88.3	
	Smallpox	1.3	
	MMR	9.9	

REPORTED IMMUNIZATION STATUS-1982

OTHER

POPULATION SERVED	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 556	D.P.T./D.C.T.	83.1	13.5
	Polio	77.3	13.3
	Measles	52.2	
	B.C.G.	16.9	
	Other	0.2	
PRE-SCHOOL 2,012	D.P.T./D.C.T.	89.7	9.8
	Polio	88.7	9.5
	M.M.R.	84.8	
	B.C.G.	48.0	
	Measles	18.9	
SCHOOL-AGE 5,783	Diphtheria/Tetanus	82.4	7.3
	Polio	80.8	7.6
	Measles	49.3	
	Mumps	28.8	
	Rubella	43.1	
	B.C.G.	35.1	
	Smallpox	2.6	
	MMR	34.4	

NUTRITION PROGRAM

Over the past year the Nutrition Program has been involved in a number of key activities geared towards the improvement of nutrition in the Northwest Territories. These include the annual nutrition month campaign, the vitamin supplement program and nutrition consultation through the maternal and child health care programs.

In addition, the Regional Nutritionist has been actively involved as the co-chairperson of the Territorial Nutrition Liaison Committee which was designed to provide a forum for exchanging views and developing new concepts on effective nutrition programming.

In terms of program delivery, the nurses and community health representatives have played an instrumental role in advancing the following nutrition activities in the communities:

Nutrition Month Campaign

Medical Services Branch was actively involved in the preparation and co-ordination of the Territorial nutrition campaign for Nutrition Month in March 1982.

Maternal and Child Care

Breastfeeding and good nutrition during pregnancy and infancy remained central to this program area. The strategy for a National Data Base on Breastfeeding was prepared at the

Regional Nutritionists' Annual Workshop held in Winnipeg. N.W.T. Region agreed to participate in this data base in the fall of 1982. The data is to begin in January 1983.

Vitamin and Mineral Program

The Vitamin and Mineral Program is active in towns and communities, allowing most needy people, including pregnant women and school children, to benefit from this service.

N.W.T. Liaison Committee Of the Northwest Territories

The Regional Nutritionist has been co-chairing the Nutrition Liaison Committee of the Northwest Territories. This committee actively maintains contact with all departments and organizations involved with nutrition. Over the past year the committee has been involved in co-ordinating the Nutrition Month Campaign sponsored by the Canadian Dietetic Association and the World Food Day events sponsored by Agriculture Canada.

Other Nutrition Activities

During the Canadian Public Health Association Conference held in Yellowknife during June 1982, the Regional Nutritionist, with the assistance of the Heritage Museum staff, presented a pictoral history of the development of Health Care Services in the Northwest Territories. The objective of this project was to create a public awareness of the importance and historical development of public health.

The promotion of country food was done in nursing stations and schools with the utilization of the native food nutrient bar graph series and posters.

Different nutrition projects were conducted in communities by the nurse or the community health representative, many of which were related to nutrition, fitness and weight control.

Each nursing station and health centre offers a wide selection of attractive nutrition publications to all residents. This service is provided by the Dr. O. Schaefer Resource Centre which offers additional publications and audio-visual materials on demand.

In addition to the above program activities, the creation of a Nutrition Trainee position in Frobisher Bay has provided more effective dissemination of nutrition information and feedback from the Baffin Zone.

PUBLIC SERVICE HEALTH PROGRAM

The Public Service Health Program provides for the preplacement physical examination of Federal Government employees or prospective employees and their dependents to ensure that they are fit to work and/or live in the north. The requirement that all northern employees also have an annual physical examination was changed during 1982 by the publication of the third edition of the Handbook of Occupational Health and Safety, and under the new Treasury Board standard a periodic examination is needed only for a new posting.

Different levels of physical fitness are required for difficult occupational categories. Radio operators, for example, must have good hearing, and are therefore required to undergo audiometric testing. Power plant operators must also undergo audiometric testing, but for a different reason - to ensure that their hearing is not becoming damaged by noise. Heavy duty equipment operators must have good vision and good colour vision as well as good hearing, and firefighters must have the best possible physical stamina to the extent that this can be demonstrated by an electrocardiogram and a pulmonary function test. Periodic physical examinations are required for these and other occupational categories, but their frequency depends partly upon the occupation and partly upon age.

The Public Service Health Program also provides for the physical examination of employees who wish to have previous service recognized as pensionable, who wish to apply for retirement on medical grounds, or who are considered by their employing Departments to be unfit to continue working in their present jobs.

Physical examinations are usually performed as third-party examinations by private physicians throughout Canada, but some are done by Medical Services Branch staff physicians in other Regions and some are done by community health nurses at nursing stations within N.W.T. Region. In all cases the reports are reviewed and interpreted by a Medical Services Branch physician at the Regional Office in Yellowknife.

The Public Service Health Program is available not only to all Federal Government Departments operating in the Northwest Territories, but also to Crown Corporations and the Government of the Northwest Territories. The Territorial Government makes selective use of the program, requiring pre-placement physical examinations mainly for teachers and managerial staff.

Activities of the Public Service Health Program during 1982 are summarized in the accompanying tables. Of the 1,083 persons assessed, 1,032 (95.3%) were classified as fit without limitations, 25 (2.3%) were classified as fit with limitations, and 26 (2.4%) were classified as unfit. Although the total number of persons screened in 1982 was 14.6 higher than in 1981, the number of pre-placement examinations was actually 15.1% lower, mainly because of a staffing freeze; the discrepancy is accounted for by an increase of 157.1% in the number of periodic health examinations and an increase of 129.6% in the number of superannuation (election or transfer) examinations.

PHYSICAL EXAMINATIONS REVIEWED UNDER PUBLIC SERVICE HEALTH PROGRAM, BY AGENCY AND REASON FOR EXAMINATION
N.W.T. REGION

DEPARTMENT OR AGENCY	PRE-EMPLOYMENT EMPLOYEES	DEPENDENTS	PERIODIC	ELECTIONS OR TRANSFERS	SUPERANNUATION RETIREMENT, OTHER	TOTAL
Government of Canada						
Health and Welfare	167	21	91	10	2	291
Transport	224	44	113	1	2	384
Environment	24	22	6	2	0	54
Indian Affairs & Northern Development	18	17	1	2	2	40
Public Works Fisheries & Oceans Other	15	2	19	2	1	39
Government of the NWT and Crown Corporations	121	28	4	45	10	208
Total	569	134	234	62	17	1016

PHYSICAL EXAMINATIONS REVIEWED UNDER PUBLIC SERVICE HEALTH PROGRAM, BY AGENCY AND FITNESS CLASSIFICATION, N.W.T. REGION

DEPARTMENT OR AGENCY	CLASS A FIT	CLASS B FIT WITH LIMITATIONS	CLASS C UNFIT	CLASS D UNFIT TO PURCHASE PAST PENSIONABLE SERVICE	TOTAL
Government of Canada					
Health and Welfare	290	7	1	0	298
Transport	354	11	19	0	384
Environment	52	0	2	0	54
Indian Affairs & Northern Development	39	0	1	0	40
Public Works Fisheries & Oceans Other	35	3	1	0	39
Government of the N.W.T. and Crown Corporations	262	4	2	0	268
Total	1,032	25	26	0	1,083

ENVIRONMENTAL HEALTH AND SURVEILLANCE

The Environmental Health Program in the Northwest Territories is presently being carried out by a staff of ten Environmental Health Officers, located strategically throughout the four Medical Services zones. This program has assumed more responsibility and has expanded its staff over the past ten years from a small group of environmental health professionals to the present cadre, with support from other skilled and dedicated personnel, delivering a comprehensive health surveillance services program to all residents of the Northwest Territories.

Today, a growing number of communities are being provided with technical assistance to help them develop or strengthen local involvement in environmental health implementation. Environmental health is an especially vital part of the preventive health program because it attackes the conditions that contribute to infectious diseases among the populations. Among these conditions are crowded sub-standard housing, unsafe water supplies, the lack of safe disposal facilities for both liquid and solid wastes, and control of food delivery services.

In addition to making routine visits to the communities, the health officers work closely with relevant departments of the Territorial Government, Federal Agencies, Municipalities and the private sector, particularly in the following areas:

Water Management
Water Quality Control
Occupational Hazards and Control
Hazardous Waste Control
Food Sanitation and Protection
Institutional Evironmental Hygiene
Housing
Air Pollution and Control
Emergency Sanitation
Public and Private Sector Development

An integral part of this service includes management of the public health engineering aspects of community and industrial development. Additionally, we have provided a comprehensive occupational health inspection and consultation service to Federal agencies and assistance to Territorial agencies in co-operative efforts toward their programs.

Environmental Health Services continue to have the potential for finally closing the gap between sanitation standards in the North and the rest of our nation, and in the process, strengthen northern self-sufficiency.

A major thrust in this program is to work closely with those agencies and individuals carrying out public health education to reduce hazards. Compliance or noncompliance with public health regulations is emphasized through an enforcement by education approach, however, legal action may be taken when noncompliance is continued without due cause.

Incidents of food-borne illness caused by mishandling of food in the processing or retail phase have decreased dramatically in the past decade in the Northwest Territories. These incidents are investigated by health officers and reported to Territorial and Federal Epidemiologists, and to the Field Operations Directorate of the Health Protection Branch. Related incidents of food-borne illness, and food confiscation and destruction are co-ordinated by the Regional Environmental Health Officer, N.W.T. Region who is also appointed as the Federal Food and Drug Inspector for the Northwest Territories.

The Country Food Exchange Program continues to receive a considerable amount of attention, with the emphasis on identifying potential mishandling practices. New regulations cited as the Food Marketing Regulations under the Public Health Ordinance have been developed which will do much toward targeting potential problems when published.

OCCUPATIONAL HEALTH PROGRAM

Occupational Health in the Northwest Territories is a multiple responsibility. Outside of the Public Service it is mostly a shared responsibility of the Worker's Compensation Board and of the Territorial Government's Department of Justice and Public Services. Within the Public Service it is the sole responsibility of Medical Services Branch, Health and

Welfare Canada.

The Worker's Compensation Board administers and operates under the Workers' Compensation Ordinance, and has been in existence for six years. The Board draws its revenue by assessing employers, and pays compensation to workers for loss of earnings due to job-related injury or illness. The Board has become actively involved in accident prevention, and through its Merit Rebate Program provides employers with a financial incentive to protect the health and safety of their employees.

The Department of Justice and Public Services, Government of the Northwest Territories administers the Safety Ordinance and the entirely separate Mining Safety Ordinance. The Safety Ordinance and the General Safety Regulations under this ordinance are the responsibility of the Occupational Health and Safety Division which, though small, has a very active hearing conservation program. The Mining Safety Ordinance and the Mining Safety Rules under this ordinance are the responsibility of the Department's Mining Inspection Service. Before starting work, and every two years thereafter, a miner is required to undergo a physical examination which includes a chest x-ray and an audiogram.

Although Medical Services Branch has no direct responsibility for occupational health outside the Public Service, it does have some indirect responsibility under the Public Health Ordinance and its associated Regulations. Some of the regulations under this ordinance have definite implications for occupational health, and to facilitate enforcement the Branch's Medical Officers and Environmental Health Officers are appointed by the Territorial Commissioner to act as Medical Officers of Health and Health Officer respectively.

Medical Services Branch has a special responsibility towards the mining operation at Nanisivik, since this is Federally owned. This responsibility includes periodic surveys of the minesite and periodic blood-sampling of workers for lead and etythrocyte protoporphyrn levels.

Within the Public Service, Medical Services Branch is responsible for the total Public Service Health Program and also for all the administrative and environmental aspects of occupational health. In 1982 the Treasury Board published a third edition of its Handbook of Occupational Health and Safety, and it becomes the responsibility of Medical Services branch to note Treasury Board standards and implement them to the extent that resources permit.

ENVIRONMENTAL CONTAMINANTS PROGRAM

Environmental contaminants in the Northwest Territories are the mutual concern of several departments of Government, both Federal and Territorial, including Medical Services Branch of Health and Welfare Canada, the Environmental Protection Service of Environment Canada, Fisheries and Oceans Canada, the Department of Indian and Northern Affairs (which operates a water-testing laboratory in Yellowknife), the Territorial Government Departments of Health and of Justice and Public Services (through its Occupational Health and Safety Division).

Most Environmental Contaminants result from industrial activity, but few occur in nature. Of the many contaminants related to industry, the ones which are of greatest concern to the health of northern residents are lead, cadmium, arsenic and cyanide, and of the contaminants which occur in nature the most important is mercury.

Lead and cadmium are found in the mine tailings of lead-zinc mines such as those which exist at Pine Point, Nanisivik and Polaris (on Little Cornwallis Island). Streams and lakes in the vicinity of these mines are monitored to ensure that they do not become contaminated by the mine tailings or, if they do become contaminated, that remedial action is taken.

Arsenic and cyanide are by-products from the mining and refining of gold. Several years ago there was a problem with arsenic toxide from one of the goldmines adjacent to Yellowknife, but the situation is now well controlled. Until two years ago there was also a problem with cyanide in the effluent, but this too has been brought under control. Monitoring is of course continued to ensure that the controls remain effective.

Mercury is present in some of the rock of the Precambrian Shield. Particles of mercury are washed away by water and are then ingested by fish. From fish the mercury finds its way through the food chain to sea mammals and man. Natives whose diet consists largely of fish and sea mammals are obviously at considerable risk, and for their protection we have a mercury surveillance program. Under this program certain communities are identified as high risk areas, and in those communities hair and/or blood samples are collected periodically from heads of households and, if necessary, from members of their families. If or when high levels are encountered, physical examinations are arranged to look for evidence of mercury toxicity. During 1982 Baffin and Inuvik Zones devoted a great deal of time and effort to the mercury surveillance program, but happily no instance of mercury was discovered.

DENTAL HEALTH PROGRAM

During 1982 dental services were provided to the total population of the Northwest Territories through co-ordination of several different government and private agencies utilizing various dental and para-dental auxiliaries. For the administrative purposes of Medical Services Branch, the Northwest Territories is divided into four areas; these being Inuvik, Mackenzie, Keewatin and Baffin Zones.

In all four zones clients were provided with the complete spectrum of dental treatment services including diagnostic, preventive, endodontic, periodontic, prosthodontic, surgical and adjunctive oral procedures. Delivery of services to outlying communities was attained through utilization of government employed and private practising dental surgeons providing periodic treatment clinics on a fly-in basis or through utilization of dental therapists working within permanently situated operatories.

Dental therapists are para-dental auxiliaries trained to deliver a dental program within isolated communities and eleven such auxiliaries are located throughout the region within several of the larger communities. The thrust of the dental therapy program is directed towards the school-age population, however, as therapists are trained to provide a complete range of basic dental services they also provide dental treatment for the adult population. All therapists work from prescriptions provided for them by supervising dentists who for the most part in 1982, were the staff dentists from the School of Dental Therapy.

The Inuvik Zone of the Northwest Territories contains a population of approximately 8,300 clients situated within twelve communities. Dentist services which normally would be provided by three dental surgeons located within Inuvik proper had to be supplemented again during this year through utilization of locum contracts as only two of the dentist positions were occupied during the first six month period and for the later half of the year the staffing complement remained at the level of one. The chronic situation of inadequate dental manpower within this area abated somewhat very late in the year when a professional private dental clinic opened in Inuvik in December 1982.

In an effort to reduce the treatment void created by the vacancy factor for dental surgeons, several locum dental contracts were negotiated with private practitioners. In total, six contracts were awarded providing services equivalent to 5.5 person months which were additional to 21.5 person months produced by indeterminate employees for an overall equivalent of 2.25 person years for dental officers. Dental therapists located at Tuktoyaktuk, Fort McPherson and Inuvik provided services equivalent to 2.17 person years during the same period.

Dental Services to clients residing within the communities of the Mackenzie Zone were provided through the offices of private practitioners located in Yellowknife and Hay River, through dental therapists located within the communities of Coppermine, Cambridge Bay, Spence Bay and Fort Smith, and through a service contract negotiated with the Hay River Dental Clinic. The contract called for a maximum of fifty-three (53) visits to twenty-one (21) communities which included a total population of approximately 10,800 clients and provided services equivalent to 1.5 person years. In addition, indeterminate dental therapists provided services equivalent to 3.5 person years within their home communities or satellite clinics.

Two significant changes occurred within the zone during 1982 involving the dental program area. The first of these changes was finalization of the decision to relocate the National School of Dental Therapy from Fort Smith to Prince Albert, Saskatchewan. Implementation of this decision resulted in the school vacating the Fort Smith location by the end of June. In an attempt to provide continuity of treatment services within Fort Smith, a new dental therapy clinic was brought on stream. The second change occurred within the city of Yellowknife where a third private dental clinic began operating during the early part of February. During the later part of December, consideration was being given to opening another private dental office within the Community of Fort Smith during 1983.

In the Keewatin Zone, dental services were provided through a contract with the University of Manitoba, Faculty of Dentistry, which provided for a dentist permanently based in Churchill as well as additional practitioners to visit the communities on a regular basis. All communities within the zone were provided services under this contract with the exception of Sanikiluaq. Services to Sanikiluaq were provided by Medical Services Branch, Ontario Region as all air services for this community are provided by Ontario based air carriers. During 1982 the university contract called for thirty-eight (38) visits to seven (7) communities which included a total population of approximately 4,300 clients and provided services equivalent to 1.33 person years. Dental Therapists located within the communities of Baker Lake and Eskimo Point provided an additional 2 person years of service.

The Baffin Zone dental program remained stable throughout

1982 with all three dental officer positions and all available therapist positions remaining at full staffing. A significant change in program delivery occurred late in the year when the responsibility for operation and maintenance of the Frobisher Bay General Hospital was transferred to the Government of the Northwest Territories on December 4, 1982. Included in this transfer agreement were the dental officers for this area. Continuity of dental services at equivalent levels were assured through incorporation of a schedule of dental field visits to outlying communities. Provision for supervision of and treatment planning for zone dental therapists were also included within the frame of reference of the devolution document.

The Baffin Zone has a total client base of approximately 8,600 clients resident within thirteen communities. In total, 3 person years of dentist services were provided throughout the year. In addition, therapists located within the communities of Pond Inlet, Pangnirtung and Cape Dorset provided services equivalent to 3 person years.

Overall, an increase in dental treatment levels was realized in most areas of the Northwest Territories over treatment levels attained in the previous year. Utilization of various arrangements accounted for a total dentist complement equivalent of 8 person years and a dental therapist person year complement of 10.67 throughout all four zones. As a result of this improved level of service, the backlog of unmet basic dental treatment needs is presently being addressed but the service is still primarily emergency interventive in orientation except in those communities that have had services provided by a resident dental therapist.

Although progress is being made with respect to decreasing treatment needs within all age groups of the population, there is still an urgent requirement to primarily address emergency treatment needs for clients. It is presently anticipated that this treatment pattern will persist into the immediate foreseeable future.

DENTAL OFFICER
FIELD REPORT
1982

SERVICE	INUVIK ZONE	MACKENZIE ZONE	KEEWATIN ZONE	BAFFIN ZONE	OUT OF TERRITORIES	TOTAL # OF TREATMENTS
Number of Patients	4325	6591	3769	5186	109	19,980
Examinations	1004	3736	1064	669	66	6539
Prophylaxis	151	1567	154	267	20	2159
Radiographs	1147	708	115	701	76	2747
Amalgams - single surface	445	2750	678	598	57	4528
Amalgams - multiple surface	840	2466	1188	652	61	5207
Resin Restorations	398	1089	490	494	26	2497
Primary Extractions	187	502	332	990	50	2061
Permanent Extractions	875	2784	1282	1610	251	6802
Topical Fluoride Treatments	10	571	79	71	8	739
Periodontal Procedures	1	159	68	42	8	278
Other Treatments	1578	1037	1399	2334	149	6497
Dentures Complete	74	141	194	83	14	506
Dentures Partial	60	467	111	66	4	708
Dentures Rebased	37	97	64	7	3	208
Dentures Repaired	76	68	57	19	0	220

DENTAL THERAPIST PROGRAM

The main feature of the dental therapist program for 1982 concerned the finalization of plans to move the National School of Dental Therapy to Prince Albert, Saskatchewan. The move to temporary quarters took place in the summer of 1982. The target for moving into the new, permanent building is March 1983. Although the school has moved from the Northwest Territories, there is no change concerning the objectives of this program; the policy of encouraging northern and native students to become dental therapists, or the administration of the field or teaching components. A full roster of first-year students began in September 1982. In total, eleven dental therapists graduated from the program during 1982. It is significant to note that out of this group of graduates, six elected to work in the Northwest Territories.

The school's dental therapy staff has continued to provide most of the supervision of dental therapists in the Northwest Territories and this will continue to occur in conjunction with supervision by Medical Services Professional staff and private practitioners located within the Northwest Territories.

Considerable treatment was provided in Fort Smith prior to the relocation of the school in the summer of 1982. In addition to the Fort Smith Clinic, there was considerable treatment provided in the Northwest Territories by the undergraduate dental therapists during teaching field clinics. Due to the transition period of the school's relocation, more field clinics were conducted than had been the case in the past. Considerable time was spent particularly in Inuvik and Gjoa Haven during the fall months of 1982.

The following tables outline a summary of the work produced in various locations, both by graduate and undergraduate dental therapists. Also, there is some reference made to undergraduate field clinics carried out in Alberta.

It is the plan to continue undergraduate field clinics in selected locations in the Northwest Territories as has been the pattern in the past. The next graduating class for the National School of Dental Therapy will be June of 1984.

DENTAL THERAPIST FIELD REPORT - RESUME FOR 1982 - NORTHWEST TERRITORIES

MONTHS OF SERVICE	N.W.T. POST GRAD CLINICS 1982 LOCATION	Diagnosis		Prev.		Restorations								Treatments			Extractions	
						Amalgam Surfaces												
		Exams.	# Films	Chair-Prophy	Self-Prophy	1	2	3	3+	# Pins	Resin	Crown	Polish	Endo./Pulp	Perio. (Quad)	Other	Decid.	Perm.
11	Baker Lake	68	73	40	404	151	155	43	15	38	40	1	192	3	27	15	78	318
7	Cambridge Bay	109	211	42	26	142	78	21	22	39	42	16	79	0	13	14	50	52
7	Cape Dorset	230	6	133	0	293	84	6	3	4	11	8	440	0	58	141	135	314
2	Clyde River	0	0	0	0	43	28	3	3	0	1	8	0	0	3	1	44	73
12	Coppermine	176	546	194	74	289	186	56	92	25	14	17	1164	11	77	129	90	213
11	Eskimo Point	115	72	41	458	316	393	104	70	115	35	12	63	3	51	59	54	333
7	Fort McPherson	81	305	24	282	251	81	25	9	20	24	1	205	2	34	13	39	70
3	Fort Smith	8	22	61	191	65	48	6	2	1	1	4	85	2	7	5	31	13
1	Holman Island	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Inuvik	50	381	134	205	223	192	41	40	29	3	12	116	19	60	26	37	80
12	Pangnirtung	240	407	333	446	381	279	103	54	31	29	9	299	5	75	56	146	235
2	Pelly Bay	5	0	2	48	7	7	1	0	0	0	0	0	0	0	2	0	2
12	Pond Inlet	136	352	175	0	350	218	43	23	17	40	40	1338	3	146	20	67	236

DENTAL THERAPIST FIELD REPORT - RESUME FOR 1982 - NORTHWEST TERRITORIES

MONTHS OF SERVICE	N.W.T. POST GRAD CLINICS 1982 LOCATION	Diagnosis		Prev.		Restorations							Treatments				Extractions	
						Amalgam Surfaces												
		Exams.	# Films	Chair-Prophy	Self-Prophy	1	2	3	3+	# Pins	Resin	Crown	Polish	Endo./Pulp	Perio. (Quad)	Other	Decid.	Perm.
10	Spence Bay	178	346	63	267	418	160	39	34	27	35	6	583	3	74	91	17	117
7	Tuktoyaktuk	94	120	20	127	136	112	34	34	7	1	7	223	9	30	19	50	69
	Total	1490	2841	1262	2528	3074	2021	525	401	353	276	141	4787	60	655	591	838	2125
	PRE GRAD CLINICS																	
	NSDT Fort Smith	144	2577	400	458	791	440	217	90	97	253	19	1114	11	544	166	43	135
	Gjoa Haven	278	307	58	72	551	192	78	29	70	72	34	352	11	98	73	106	107
	Inuvik	322	1440	132	40	313	153	82	36	52	147	36	472	17	301	230	18	160
	GRAND TOTAL	2234	7165	1852	3098	4729	2806	902	556	572	748	230	6725	99	1598	1060	1005	2527
	Non N.W.T. NSDT Field Clinics																	
	Blue Quills, Alberta	79	350	68	23	137	71	34	21	14	33	0	174	0	78	69	0	4
	Saddle Lake, Alberta	7	108	57	0	332	185	40	8	9	63	37	314	17	30	0	61	19

TUBERCULOSIS SURVEILLANCE PROGRAM

This report is based on the Tuberculosis Control Activities of the Northwest Territories, excluding Yukon Region.

A total of thirty-four (34) cases of new active and reactivated cases of tuberculosis were detected in 1982 out of a mid-year population of 47,053. Of these cases, fifteen (15) were non-treaty or white status patients. It would appear that the total number of active cases has fluctuated around a mean of approximately thirty-six (36) cases annually over the past five years, with very small increases in total population in each aforementioned ethnic group.

The case finding service of the Northwest Territories Region provided 15,364 diagnostic procedures to the residents of the Northwest Territories during 1982. These procedures included examinations in departmental and non-departmental hospitals, nursing stations and health centres, tuberculin tests and bacteriological examinations.

As a result of this low incidence of new and reactivated cases, in many settlements in the Northwest Territories, no one is "now-a-days" receiving medications for treatment or prevention of tuberculosis.

As in recent years, there have been no tuberculosis deaths reported in 1982.

The following tables identify the activities and the incidence of tuberculosis in the Northwest Territories during the calendar year 1982.

SUMMARY OF ACTIVITIES - TUBERCULOSIS CONTROL

ZONE	COMMUNITY SURVEYS	REFERRED FILMS	TUBERCULIN	BACTERIOLOGICAL TESTS	TOTAL
MACKENZIE	617	2,523	1,632	1,763	6,535
INUVIK	0	1,036	900	1,005	2,941
KEEWATIN	0	1,297	542	951	2,790
BAFFIN	0	1,226	489	1,383	3,098
TOTAL	617	6,082	3,563	5,102	15,364

NEW AND REACTIVATED CASES OF TUBERCULOSIS

	FAR ADVANCED	MODERATELY ADVANCED	MINIMAL	PRIMARY	PLEURISY	MILIARY	EXTRA - PULMONARY	TOTAL
NEW CASES	0	15	10	1	2	0	1	29
% OF TOTAL	0	51.8%	34.5%	3.4%	6.9%	0	3.4%	100%
REACTIVATED CASES	0	3	1	0	0	0	1	5
% OF TOTAL	0	60.0%	20.0%	0	0	0	20.0%	100%

18 - M.A.	11 - MIN.	1 - PRIM	2 - PLEURISY	2 - EXTRA PULM.
4 - D/S Pos. - Cult. Pos. 10- D/S Neg. - Cult. Pos. 4 - Non-Bac.	2 - D/S Pos. - Cult. Pos. 5 - D/S Neg. - Cult. Pos. 4 - Non-Bac.	1 - Non-Bac.	2 - Non-Bac.	1 - D/S Neg. Cult. Pos. (Cerebrospinal fluid) 1 - Biopsy

TUBERCULOSIS ACTIVITY REPORT

NORTHWEST TERRITORIES - 1982

ETHNIC GROUP	TREATY INDIANS			INUIT			METIS & OTHERS			ALL GROUPS		
YEAR	1982	1981	1980	1982	1981	1980	1982	1981	1980	1982	1981	1980
POPULATION	7154	8549	8505	16280	15,796	15,650	23619	21,396	21,835	47053	45,741	45,990
NEW ACTIVE CASES	14	10	15	11	8	7	4	4	4	29	22	26
INCIDENCE	0.16%	0.12%	0.18%	0.06%	0.05%	0.04%	0.01%	0.02%	0.02%	0.06%	0.05%	0.06%
REACTIVATED CASES	1	2	1	3	3	2	1	0	1	5	5	5
CASES ON HOME * T.B. DRUG THERAPY	35	35	51	35	87	79	12	38	69	82	160	199
TUBERCULIN TESTS	0	0	0	0	0	0	0	0	0	0	3563	10,977
B.C.G.	0	0	0	0	0	0	0	0	0	0	705	710
NO. OF X-RAY SURVEY FILMS	0	0	0	0	0	0	0	0	0	0	308	910
NO. OF REFERRED FILMS	0	0	0	0	0	0	0	0	0	0	8,398	10,072
BACTERIOLOGY TESTS	0	0	0	0	0	0	0	0	0	0	9,010	11,397

* Chemotherapy and chemoprophylaxis combined, as of Dec. 31, 1982

BACTERIOLOGICAL STATUS

OF NEW AND REACTIVATED TUBERCULOSIS CASES

NORTHWEST TERRITORIES - 1982

	DIRECT SMEAR		* CULTURE ONLY		BIOPSY		NON-BACILLARY	
	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT
MACKENZIE								
Indians	3	0	7	1	0	0	4	0
Inuit	0	0	2	0	0	0	1	0
Others	1	0	0	0	0	1	0	0
TOTAL	4	0	9	1	0	1	5	0
INUVIK ZONE								
Indians	0	0	0	0	0	0	0	0
Inuit	0	0	1	0	0	0	1	0
Others	1	0	1	0	0	0	1	0
TOTAL	1	0	2	0	0	0	2	0
KEEWATIN ZONE								
Indian	0	0	0	0	0	0	0	0
Inuit	0	0	1	0	0	0	0	0
Others	0	0	0	0	0	0	0	0
TOTAL	0	0	1	0	0	0	0	0
BAFFIN ZONE								
Indians	0	0	0	0	0	0	0	0
Inuit	1	1	1	1	1	0	2	1
Others	0	0	0	0	0	0	0	0
TOTAL	1	1	1	1	1	0	2	1

* Direct Smear Negative

NEW AND REACTIVATED CASES OF TUBERCULOSIS (ALL FORMS)

NORTHWEST TERRITORIES 1970 - 1982

Year	1982	1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970
NEW	29	22	26	34	42	50	44	48	51	38	48	73	87
RE-ACT	5	5	3	8	4	7	7	6	15	11	20	20	27
TOTAL	34	27	29	42	46	57	51	54	66	49	68	93	114

NEW AND REACTIVATED TB CASES

NORTHWEST TERRITORIES - 1982

ZONE	NEW CASES	REACTIVATED CASES	TOTAL
MACKENZIE	18	2	20
INUVIK	5	0	5
KEEWATIN	1	0	1
BAFFIN	5	3	8
TOTAL	29	5	34

NEW & REACTIVATED TUBERCULOSIS CASES BY ZONE AND YEAR

Year	1982	1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970
MACKENZIE	20	15	16	28	35	40	27	21	33	22	25	30	41
INUVIK	5	2	5	4	2	4	7	6	7	8	5	6	11
KEEWATIN	1	4	3	2	1	0	2	10	13	6	11	9	16
BAFFIN	8	6	5	8	8	13	15	17	13	13	27	48	46
TOTAL	34	27	29	42	46	57	51	54	66	49	68	93	114

CASE FINDING SOURCE

	NUMBER OF X-RAYS	ACTIVE CASES FOUND	NUMBER OF EXAMINATIONS PER CASE
X-RAY SURVEYS	617	0	0
REFERRED FILMS	6,082	16	380
BACTERIOLOGIC TESTS	5,102	18	283

CASE FINDING METHODS

ZONE	COMMUNTITY SURVEYS	REFERRED FILMS		LABORATORY		TOTAL
MACKENZIE	617	9	45.0%	11	55.0%	20
INUVIK	0	2	40.0%	3	60.0%	5
KEEWATIN	0	0	0.0%	1	100.0%	1
BAFFIN	0	5	62.5%	3	37.5%	8
TOTAL	617	16	47.0%	18	53.0%	34

TUBERCULOSIS CONTROL REPORT

NORTHWEST TERRITORIES REGION - 1982

	TREATY INDIAN		INUIT		METIS & OTHER		TOTAL 1982		RECENT CONVERTERS
MACKENZIE ZONE	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	
CAMBRIDGE BAY	0	0	2	0	0	0	2	0	0
SPENCE BAY	0	0	1	0	0	0	1	0	0
FORT WRIGLEY	1	0	0	0	0	0	1	0	0
FORT RESOLUTION	1	0	0	0	0	0	1	0	0
FORT SMITH	1	0	0	0	1	1	2	1	0
HAY RIVER	3	0	0	0	0	0	3	0	0
FORT RAE	3	0	0	0	0	0	3	0	0
YELLOWKNIFE	3	1	0	0	0	0	3	1	0
RAE LAKES	1	0	0	0	0	0	1	0	0
EDZO	1	0	0	0	0	0	1	0	0
TOTAL	14	0	3	0	1	1	18	2	0
INUVIK ZONE									
TUKTOYAKTUK	0	0	1	0	0	0	1	0	0
INUVIK	0	0	1	0	1	0	2	0	0
AKLAVIK	0	0	1	0	0	0	1	0	0
NORMAN WELLS	0	0	0	0	1	0	1	0	0
TOTAL	0	0	3	0	2	0	5	0	0
BAFFIN ZONE									
ARCTIC BAY	0	0	0	1	0	0	0	1	0
GRISE FIORD	0	0	1	0	0	0	1	0	0
IGLOOLIK	0	0	0	1	0	0	0	1	0
FROBISHER BAY	0	0	3	1	0	0	3	1	3
NANISIVIK	0	0	1	0	0	0	1	0	0
TOTAL	0	0	5	3	0	0	5	3	3
KEEWATIN ZONE									
RANKIN INLET	0	0	0	0	0	0	0	0	1
CHESTERFIELD INLET	0	0	1	0	0	0	1	0	0
TOTAL	0	0	1	0	0	0	1	0	1

OUT-PATIENTS ON ANTITUBERCULOSIS DRUG THERAPY

As of December 31st Annually - 1982

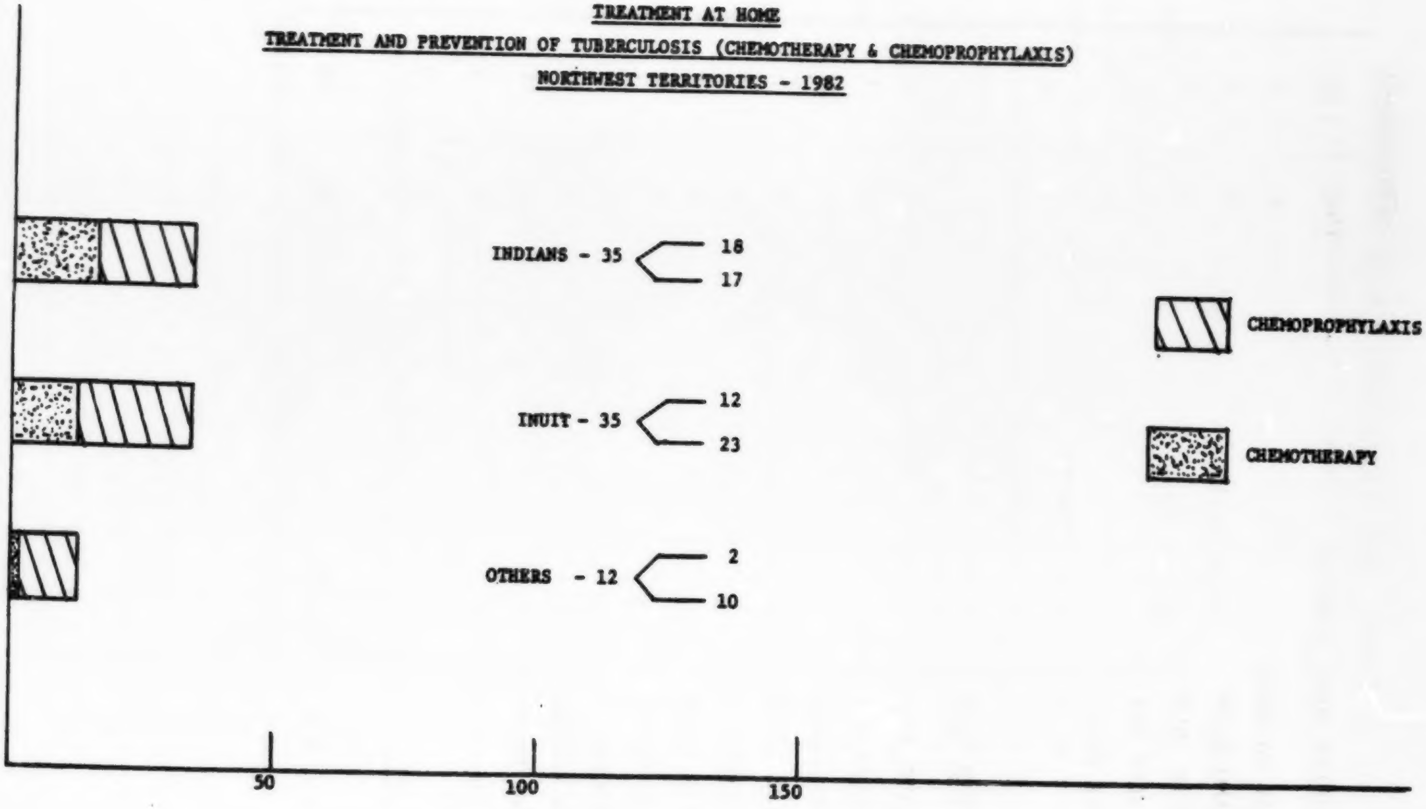
	CHEMOTHERAPY		CHEMO-PROPHYLAXIS	
MACKENZIE ZONE	1982	1981	1982	1981
CAMBRIDGE BAY	1	0	0	0
FORT PROVIDENCE	0	1	0	0
FT. RAE	2	4	1	6
EDZO	0	0	1	0
RAE LAKES	0	0	1	0
FORT RESOLUTION	1	0	0	1
FORT SIMPSON	0	0	0	4
FORT SMITH	2	2	1	0
FORT WRIGLEY	1	0	0	0
HAY RIVER	5	2	6	0
PINE POINT	0	1	0	0
SPENCE BAY	1	0	1	2
SNOWDRIFT	0	0	0	1
YELLOWKNIFE	7	5	12	26
	20	15	23	40
INUVIK ZONE				
AKLAVIK	1	1	0	3
FORT FRANKLIN	0	0	1	4
FORT GOOD HOPE	2	1	1	2
FORT McPHERSON	0	1	2	2
FORT NORMAN	0	1	0	1
INUVIK	1	1	2	6
NORMAN WELLS	0	0	0	1
TUKTOYAKTUK	0	1	1	2
	4	6	7	21
KEEWATIN ZONE				
BAKER LAKE	0	0	0	2
SANIKILUAQ	0	1	3	3

	CHEMOTHERAPY		CHEMO-PROPHYLAXIS	
KEEWATIN ZONE (cont'd)	1982	1981	1982	1981
CORAL HARBOUR	0	0	1	4
ESKIMO POINT	0	1	0	0
RANKIN INLET	0	2	2	4
REPULSE BAY	0	0	2	2
WHALE COVE	1	1	0	2
	1	5	8	17
BAFFIN ZONE				
ARCTIC BAY	1	0	0	0
BROUGHTON ISLAND	0	1	2	14
CAPE DORSET	0	0	1	3
CLYDE RIVER	0	1	0	2
FROBISHER BAY	2	5	7	10
GRISE FIORD	1	1	0	2
HALL BEACH	0	1	1	2
IGLOOLIK	1	0	1	1
PANGNIRTUNG	0	0	1	8
POND INLET	0	1	0	2
RESOLUTE BAY	0	0	1	2
	5	10	14	46
TOTAL N.W.T. REGION	30	36	52	124

TREATMENT AT HOME

TREATMENT AND PREVENTION OF TUBERCULOSIS (CHEMOTHERAPY & CHEMOPROPHYLAXIS)

NORTHWEST TERRITORIES - 1982



NEW AND REACTIVATED CASES OF TUBERCULOSIS

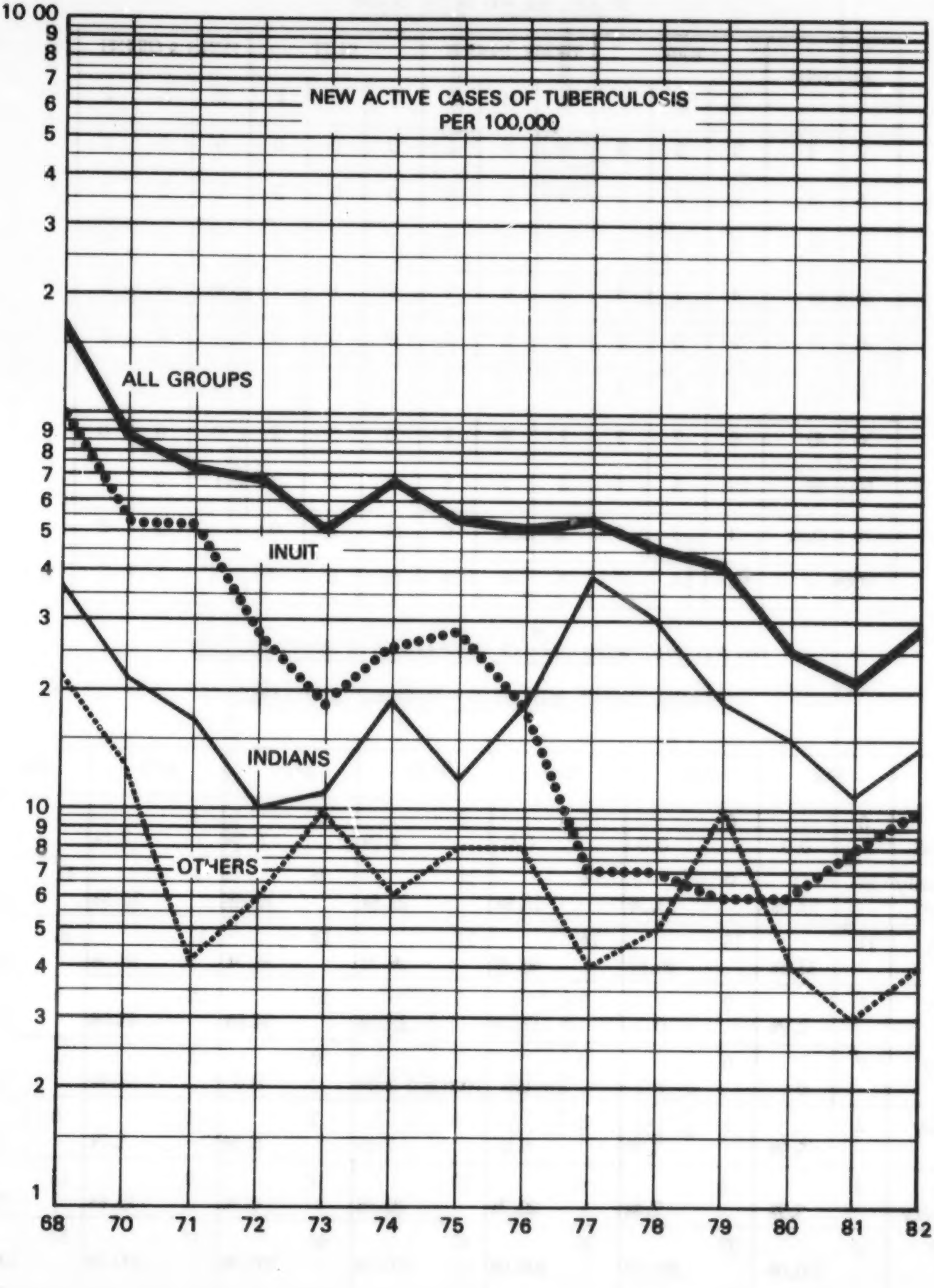
BY AGE, SEX AND RACIAL ORIGIN

AGE GROUP	TOTAL			TREATY INDIANS			INUIT			METIS & OTHERS		
	T	M	F	T	M	F	T	M	F	T	M	F
0 - 4	0	0	0	0	0	0	0	0	0	0	0	0
5 - 9	1	0	1	0	0	0	0	0	0	1	0	1
10 - 14	2	2	0	1	1	0	1	1	0	0	0	0
15 - 19	4	1	3	2	0	2	2	1	1	0	0	0
20 - 24	2	0	2	2	0	2	0	0	0	0	0	0
25 - 29	4	0	4	1	0	1	3	0	3	0	0	0
30 - 49	6	3	3	1	0	1	5	3	2	0	0	0
50 - 69	12	5	7	8	3	5	3	2	1	1	0	1
70 & Over	3	3	0	1	1	0	1	1	0	1	1	0
TOTAL	34	14	20	16	5	11	15	8	7	3	1	2

NEW AND REACTIVATED CASES OF TUBERCULOSIS BY EXTENT AND TYPE

INDIANS, INUIT AND OTHERS - NORTHWEST TERRITORIES

	1982	1981	1980	1979	1978	1977	1976
Far Advanced	0 0.0	0 0.0	0 0.0	2 4.7%	3 6.5%	4 7.1%	1 1.9%
Moderately Advanced	18 53.0%	9 33.3%	4 13.8%	10 23.8%	9 19.6%	6 10.5%	11 21.6%
Minimal	11 32.3%	15 55.6%	14 48.3%	11 26.2%	13 28.3%	11 19.3%	16 31.4%
Primary	1 2.9%	0 0	5 17.2%	5 12.1%	16 34.8%	25 43.9%	9 17.7%
Miliary	0 0	0 0	0 0.0	1 (congen) 2.4%	0 0.0	1 1.7%	1 1.9%
Pleurisy	2 5.9%	1 3.7%	0 0.0	3 7.1%	3 6.5%	1 1.7%	0 0.0
Extra-Pulmonary	2 5.9%	2 7.4%	6 20.7%	10 23.8%	2 4.3%	9 15.8%	13 25.5%
TOTALS	34 100.0%	27 100.0%	29 100.0%	42 100.0%	46 100.0%	57 100.0%	51 100.0%


NEW ACTIVE CASES OF TUBERCULOSIS
PER 100,000
ALL GROUPS
INUIT
INDIANS
OTHERS
10 00
9
8
7
6
5
4
3
2
9
8
7
6
5
4
3
2
10
9
8
7
6
5
4
3
2
1
68
70
71
72
73
74
75
76
77
78
79
80
81
82

COMMUNICABLE DISEASE PROGRAM

General Information

The Infectious Disease Unit moved from Edmonton to Yellowknife in July 1982. Since the move, the Unit has undergone some changes because of now being located in the North where it is more accessible to the clientele which it serves. One change is that more teaching has been done in local schools and for other groups. More changes are anticipated for 1983.

INFECTIOUS DISEASES (Other than Sexually Transmitted Diseases)

Botulism

Two (2) cases were reported from Mackenzie Zone. Both were in the same family and thought to be related to consumption of fermented seal flippers.

Brucellosis

There were two (2) cases of Brucellosis reported, both from Baffin Zone.

Diphtheria

There were many isolations of toxigenic Corynebacterium diphtheria but only one reported clinical case. Specimens were from throats, ears and wounds.

Hepatitis

There were five (5) cases of Hepatitis A reported. This was down from eleven (11) in 1981 and thirteen (13) in 1980.

Measles

Thirty-one (31) cases of measles were reported compared to thirty-two (32) cases in 1981. Unfortunately, the immunization status of these people was not noted.

Meningitis/Encephalitis

Five (5) of the total thirty-four (34) cases reported were viral, one (1) was meningococcal, seven (7) were haemophilus and twelve (12) were unspecified. These unspecified cases usually came from communities where diagnostic lumbar punctures were not performed before treatment was started, yet they exhibited all of the classical signs of meningitis.

Pertussis

Two (2) cases of pertussis were reported, one (1) from Mackenzie Zone and one (1) from Keewatin Zone. Immunization status was not noted.

Rabies

No human cases of rabies were reported.

Rubella

Seven (7) cases of rubella were reported. Immunization status was not noted. This compares with eighteen (18) cases reported in 1981 and twenty-four (24) cases in 1980.

Salmonellosis

There were thirty-four (34) reported cases this year compared with thirty-two (32) in 1981 and one-hundred and nine (109) in 1980. This number seems to be more normal that the large number of 1980.

Shigellosis

This year showed an all time low with twelve (12) cases reported. This compares with one-hundred twenty-six (126) in 1981 and two-hundred and nine (209) in 1980. Fortunately, there were no epidemics as had been reported in past years. Perhaps good public health teaching has had an impact.

Trichinosis

Two (2) cases were reported from Keewatin Zone. These were attributed to walrus meat. Several other people had complaints associated with trichinosis but none were confirmed.

Food Poisoning

One (1) case, unspecified was reported in Inuvik Zone.

OTHER INFECTIOUS DISEASES
Other than Sexually Transmitted Diseases

DISEASE	YEAR	INUVIK	MACKENZIE	KEEWATIN	BAFFIN	TOTAL-NWT
Hepatitis (A) (070.1)	1982	1	3	0	1	5
	1981	2	8	0	0	10
	1980	0	12	0	0	12
Hepatitis (B) (070.3)	1982	3	2	3	1	9
	1981	1	6	0	0	7
	1980	0	5	2	1	8
Diphtheria (032)	1982	1	0	0	0	1
	1981	1	1	0	0	2
	1980	0	11	0	0	11
Shigellosis (004)	1982	1	7	3	1	12
	1981	12	109	1	4	126
	1980	157	36	8	8	209
Meningococcal Meningitis (036)	1982	0	1	0	0	1
	1981	0	0	0	2	2
	1980	0	0	1	4	5
Meningitis Haemophilus (320)	1982	0	4	7	3	14
	1981	1	2	1	3	7
	1980	2	5	0	9	16
Meningitis Bacterial, Unspecified(322.9)	1982	2	6	0	6	14
	1981	0	1	0	0	1
	1980	0	0	0	3	3
Meningitis Viral (047)	1982	0	3	1	1	5
	1981	1	2	0	1	4
	1980	0	0	0	0	0
Salmonellosis (003)	1982	5	13	7	9	34
	1981	4	26	0	2	32
	1980	8	101	0	0	109
Measles (005)	1982	4	19	3	5	31
	1981	6	15	2	9	32
	1980	15	33	3	14	65

INFECTIOUS DISEASES REPORTED (Continued)
Other Than Sexually Transmitted Diseases

DISEASE	YEAR	INUVIK	MACKENZIE	KEEWATIN	BAFFIN	TOTAL-NWT
Rubella (056)	1982	0	7	0	0	7
	1981	4	10	3	1	18
	1980	0	16	0	8	24
Botulism (005.1)	1982	0	2	0	0	2
	1981	1	0	0	0	1
	1980	0	0	0	0	0
Pertussis (033)	1982	0	1	1	0	2
	1981	1	7	0	0	8
	1980	0	21	1	2	24
Food Poisoning (005.9)	1982	0	1	0	0	1
	1981	0	0	0	0	0
	1980	0	0	0	0	0
Trichinosis (124)	1982	0	0	2	0	2
	1981	0	0	0	3	3
	1980	0	0	0	0	0
Brucellosis (023)	1982	0	0	0	2	2
	1981	0	0	0	4	4
	1980	0	2	1	3	6
Influenza-Like Illness (487.1)	1982	210	241	161	378	990
	1981	102	238	333	95	768
	1980	136	499	416	138	1,189
Gastro-enteritis (Unspecified) (558.9)	1982	84	264	128	161	637
	1981	85	308	82	175	650
	1980	295	334	131	179	939
Chickenpox (052.9)	1982	15	189	42	124	370
	1981	6	124	16	24	170
	1980	85	183	42	69	379
Mumps (072.9)	1982	17	16	2	0	35
	1981	57	25	1	0	83
	1980	0	21	1	2	24

SEXUALLY TRANSMITTED DISEASES - 1982

Gonorrhoea

The Northwest Territories for 1982 showed an overall decrease of 4% for the number of confirmed gonorrhoea cases reported. In 1981 there was a 19% increase. The total number of clients treated (confirmed and unconfirmed) showed a 10% decrease compared to last year's of 6% increase.

Gonorrhoea has again been divided into 2 groups:

1. CONFIRMED - includes micro-positive and clinically accepted cases from isolated areas. Clinical will NOT be accepted if other pathogens are found or if such cases are from Yellowknife, Inuvik, Fort Smith or Frobisher Bay where clinical laboratories exist.

2. UNCONFIRMED - includes all suspected Gonorrhoea cases treated and not included in (1) except for various reasons.

Micro-positive and clinically accepted cases were reported to Statistics Canada. Unconfirmed cases were NOT reported to Statistics Canada.

CHANGES IN INCIDENCE OF GONORRHOEA IN N.W.T.

1980	1981	1982	1982 Change from 1981
1517 Confirmed	1807 Confirmed	1740 Confirmed	4% Decrease
1550 Unconfirmed	1463 Unconfirmed	1211 Unconfirmed	17% Decrease
3067 Total	3270 Total	2951 Total	10% Decrease

CHANGES IN INCIDENCE OF GONORRHOEA BY ZONE (CONFIRMED CASES)

Zone	1980	1981	1982	1982 Change from 1981
Inuvik	408	504	401	20% Decrease
Mackenzie	590	738	613	17% Decrease
Keewatin	103	144	162	13% Increase
Baffin	416	421	564	34% Increase

CHANGES IN INCIDENCE OF GONORRHOEA BY ZONE (UNCONFIRMED CASES)

Zone	1980	1981	1982	1982 Change from 1981
Inuvik	507	413	236	43% Decrease
Mackenzie	486	501	503	Increase less 1%
Keewatin	150	213	197	8% Decrease
Baffin	407	336	275	18% Decrease

CHANGES IN INCIDENCE OF GONORRHOEA BY ZONE (CONFIRMED AND UNCONFIRMED, COMBINED)

Zone	1980	1981	1982	1982 Change from 1981
Inuvik	915	917	637	31% Decrease
Mackenzie	1076	1239	1116	10% Decrease
Keewatin	253	357	359	1% Increase
Baffin	823	757	839	11% Increase

GONORRHOEA BY SEX AND ETHNIC GROUP (CONFIRMED AND UNCONFIRMED, COMBINED)

INDIAN		ESKIMO		OTHER		TOTAL		TOTAL
M	F	M	F	M	F	M	F	
321	268	814	810	551	187	1686	1265	2951

GONORRHOEA INCIDENCE (PROPORTIONAL) BY ETHNIC GROUP (CONFIRMED & UNCONFIRMED, COMBINED)

INDIAN	ESKIMO	OTHER	TOTAL
20%	55%	25%	2951
(24.15% in 1981)	(51.4% in 1981)	(24.43% in 1981)	

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (CONFIRMED)

- Yr.		1-4		5-9		10-14		15-19		20-24		25-29		30-39		40-59		60+		Age?	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	0	1	1	0	2	8	16	245	237	407	176	203	76	196	54	85	17	7	2	6	0

TOTAL - 1,740

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (UNCONFIRMED)

- Yr.		1-4		5-9		10-14		15-19		20-24		25-29		30-39		40-59		60+		Age?	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	0	0	0	0	0	7	21	102	264	180	192	106	105	98	76	30	26	2	0	2	0

TOTAL - 1,211

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (ALL CATEGORIES COMBINED)

- Yr.		1-4		5-9		10-14		15-19		20-24		25-29		30-39		40-59		60+		Age?	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	0	1	1	0	2	15	37	347	501	587	368	309	181	294	130	115	43	9	2	8	0

TOTAL - 2,951

TOTALS:			
	Males	1,686	57.13%
	Females	1,256	42.87%
		2,951	(Confirmed & Unconfirmed, Combined)

GONORRHOEA EPIDEMIOLOGY - 1982

	No. of Contacts Reported	No. of Contacts Located & Treated	Percentage Located & Treated
Inuvik	1,004	692	69%
Mackenzie	1,535	938	61%
Keewatin	631	501	79%
Baffin	1,368	968	71%
N.W.T. TOTAL	4,569	3,095	68%
(OUTSIDE CONTACTS)	(31)	(2)	(7%)

GONORRHOEA RATE PER 100,000 (CONFIRMED)	Cases	=	Rate
Based on a population of 47,053	1,740	3,698	per 100,000

GONORRHOEA RATE PER 100,000 (UNCONFIRMED)	Cases		Rate
Based on a population of 47,053	2,574	5,470	per 100,000

GONORRHOEA RATE PER 100,000 (ALL CATEGORIES COMBINED)	Cases		Rate
Based on a population of 47,053	2,951	6,272	per 100,000

INCIDENCE OF GONORRHOEA REPORTED BY FIELD UNIT OR DISTRICT

	Confirmed	Unconfirmed	Total Treated 1982	Total Treated 1981	Total Treated 1980
BAFFIN ZONE					
Arctic Bay	3	2	5	8	12
Clyde River	14	6	20	31	27
Grise Fiord	0	0	0	6	0
Pond Inlet	45	36	81	109	84
Hall Beach	18	28	46	9	15
Resolute Bay	8	30	38	50	23
Igloolik	41	32	73	82	45
Pangnirtung	44	25	69	56	90
Broughton Island	5	6	11	30	41
Lake Harbour	45	16	61	32	35
Cape Dorset	142	24	166	69	51
Frobisher Bay	195	64	259	265	387
Nanisivik	4	6	10	10	13
TOTAL	564	275	839	757	823
INUVIK ZONE					
Sachs Harbour	4	2	6	24	0
Tuktoyaktuk	64	36	100	122	117
Aklavik	36	15	51	82	112
Inuvik (including Paulatuk)	151	128	279	465	467
Fort McPherson	57	24	81	102	98
Fort Good Hope	15	10	25	22	31
Fort Norman	7	5	12	12	22
Fort Franklin	36	8	44	45	37
Norman Wells	31	8	39	43	31
TOTAL	401	236	637	917	915

INCIDENCE OF GONORRHOEA REPORTED BY FIELD UNIT OR DISTRICT (continued)

	Confirmed	Unconfirmed	Total Treated 1982	Total Treated 1981	Total Treated 1980
MACKENZIE ZONE					
Cambridge Bay	84	63	147	105	95
Coppermine	50	61	111	180	57
Spence Bay	8	11	19	13	17
Pelly Bay	0	2	2	1	4
Holman Island	3	3	6	0	1
Gjoa Haven	5	8	13	7	0
Lupin	3	2	5	3	5
Fort Simpson	34	61	95	86	97
Fort Liard	16	8	24	18	33
Fort Wrigley	3	3	6	3	5
Fort Resolution	29	10	39	84	42
Edzo/Rae	55	35	90	125	81
Snowdrift	15	8	23	30	51
Fort Smith	74	14	88	71	113
Pine Point	6	6	12	20	10
Hay River	30	32	62	113	104
Fort Providence	16	17	33	15	19
Yellowknife	181	159	340	362	341
Tungsten	1	0	1	3	1
TOTAL	613	503	1116	1239	1076
KEEWATIN ZONE					
Eskimo Point	23	99	122	119	106
Whale Cove	1	3	4	5	5
Sanikiluaq(Belchers)	8	8	16	4	5
Baker Lake	40	35	75	63	27
Chesterfield Inlet	3	4	7	25	3
Rankin Inlet	56	29	85	95	96
Repulse Bay	16	7	23	26	11
Coral Harbour	15	12	27	20	0
TOTAL	162	197	359	357	253

GONORRHOEA CONFIRMED CASES

ETHNIC GROUP	TOTAL BY SEX		AGE GROUPS							AGE NOT STATED
	M	F	0-9	10-14	15-19	20-24	25-39	40-59	60+	
INDIANS	236	122	1	2	89	130	107	25	4	
% OF INDIANS			.28	.56	29.86	36.31	29.89	6.98	1.12	
ESKIMOS	576	374	4	21	314	295	263	46	5	2
% OF ESKIMOS			.42	2.21	33.05	31.05	27.68	4.84	.53	.21
OTHERS	347	85	.00	1	79	158	159	31	-	4
% OF OTHERS				.23	18.29	36.57	36.8	7.18		.93
TOTAL CASES 1740	1159	581	5	24	482	583	529	102	9	6
% OF TOTAL	66.61	33.39	.29	1.38	27.70	33.51	30.40	5.86	.52	.34

Confirmed cases by sex-age distribution in 3 ethnic groups. (Unconfirmed cases not included.)

The disease RATE of confirmed cases among the various groups was:

INDIANS	5,004	per 100,000	(of Indians)	7,154	Population
INUIT	5,835	per 100,000	(of Inuit)	16,280	Population
OTHERS	1,829	per 100,000	(of Others)	23,619	Population
ALL GROUPS	3,698	per 100,000		47,053	Population

COMPARATIVE RATES (CONFIRMED CASES)

	1982	1981	1980
NWT	3,698	3950 per 100,000	3298 per 100,000
CANADA	1982 figures not available until later in 1983	231.4 per 100,00	211.45 per 100,000

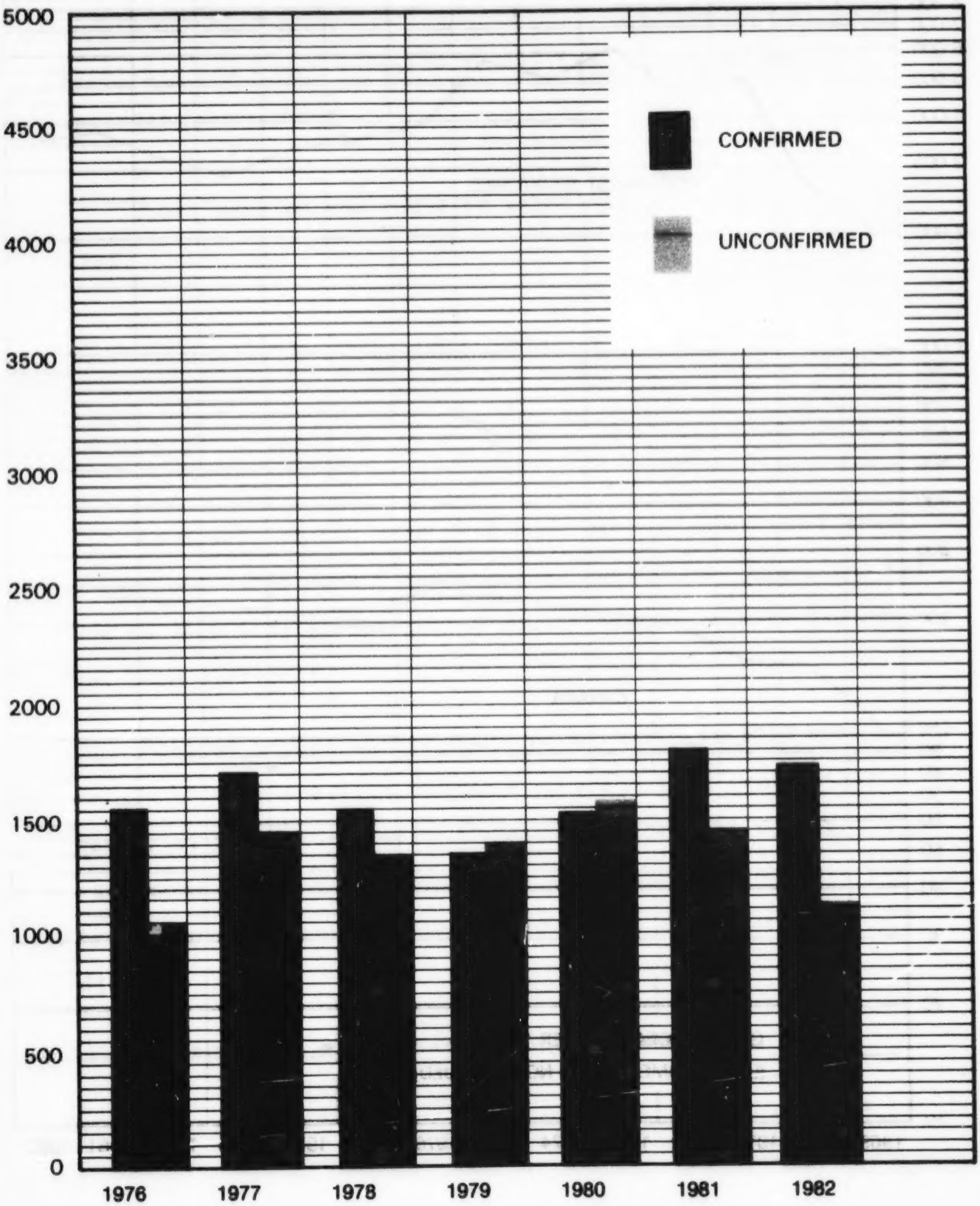
1982 GONORRHOEA EPIDEMIOLOGY REPORT
NORTHWEST TERRITORIES

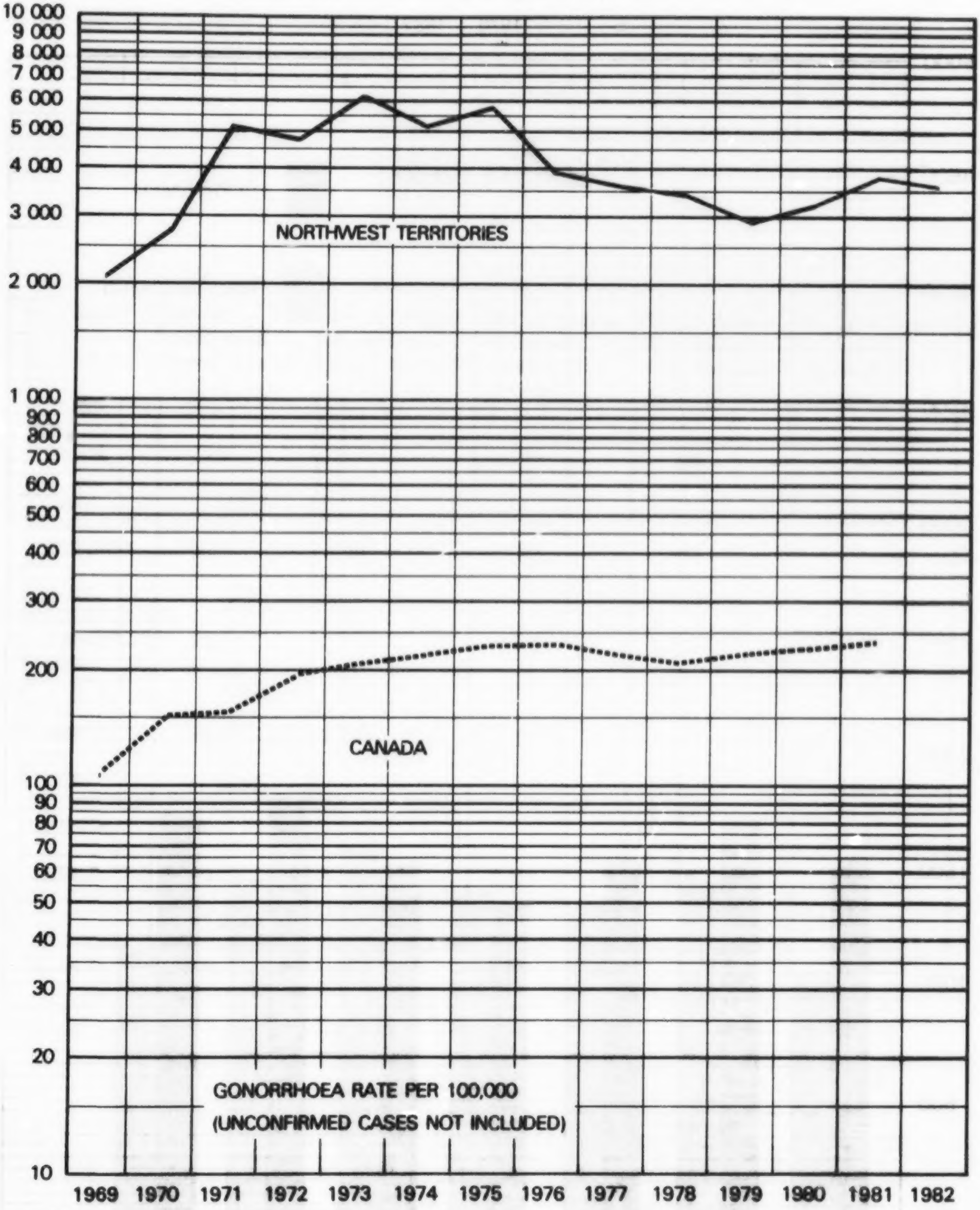
ZONE OR AREA	No. of Gonorrhoea cases treated during month	No. of sources & contacts reported to be in Zone or Outside	No. of sources & contacts located & treated	No. of sources & contacts from Previous months treated	No. of sources & contacts reported as unknown
INUVIK ZONE	401 (236)	1,004	564	128	44
MACKENZIE ZONE	613 (503)	1,535	755	183	47
KEEWATIN ZONE	162 (197)	631	437	64	9
BAFFIN ZONE	564 (275)	1,368	826	142	30
OUTSIDE	0	31	2	0	
TOTALS	1,740 (1,211)	4,569	2,584	517	130

Figure in parenthesis - unconfirmed cases.

GONORRHOEA INCIDENCE — N.W.T.

1976 - 1982




10 000
9 000
8 000
7 000
6 000
5 000
4 000
3 000
2 000
1 000
900
800
700
600
500
400
300
200
100
90
80
70
60
50
40
30
20
10
NORTHWEST TERRITORIES
CANADA
GONORRHOEA RATE PER 100,000
(UNCONFIRMED CASES NOT INCLUDED)
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982

Syphillis and Other Sexually Transmitted Diseases, Not Including Gonorrhoea

There were no new cases of syphillis reported during 1982.

	1982	1981	1980	1979	1978	1977	1976	1975
INCIDENCE	0	0	0	2	0	2	4	0

As usual, it has been felt that many of our unconfirmed gonorrhoea cases were Non-Gonococcal Urethritis infections but due to very limited laboratory facilities definitive diagnosis has been difficult.

Genital Herpes seemed to be problematic in 1982 more as a result of over-reaction to media coverage than from actual cases, although there were several cases brought to our attention. A major responsibility of health care workers has been to provide information and education regarding the disease.

A few cases of genital warts were noted.

NATIONAL NATIVE ALCOHOL AND DRUG ABUSE PROGRAMS

Aklavik Alcohol Action Committee

This project provides counselling in both prevention and treatment of alcohol and drug abuse. Prevention counselling is provided through the use of a drop-in centre for both juveniles and adults as well as in the homes and schools. The counsellors work with the R.C.M.P. in housing juveniles at the drop-in centre instead of the correctional homes.

Juvenile Rehabilitation

The Rehabilitation Project in Aklavik has been operating since October 1982 with one part-time and four full-time counsellors. By renovating a log cabin long house and six smaller cabins they have developed a 28 day rehabilitation program. This project is primarily for solvent abuse and teaches culture, hunting, trapping and fishing through counselling, films, slides and other methods.

Akiuqtit - Baker Lake

The Baker Lake project provides counselling services through the use of a centre which is open three evenings a week. This project employs one part-time and two full-time counsellors and has the only trained teenage counsellor in the Northwest Territories. A large percentage of time is spent on alcohol education in the school as well as counselling individuals and families.

Pond Inlet Health and Social Services Committee

The Alcohol Rationing Program in Pond Inlet ensures that all incoming alcohol is monitored by a special committee before being distributed within the community. Two full-time counsellors operate a drop-in centre that is open daily and is run in close conjunction with the R.C.M.P. and Justices of the Peace. They also work in the school promoting alcohol education. The project has been well supported during its four years of operation.

Fort Good Hope Drop-In Centre

Community Drop-in Centre is used by both teens and adults. The project employs three full-time counsellors who provide counselling services to individual families and to groups. They also do home visits, school visits, referrals and offer evening programs on alternatives to drinking for teens and adults. This project has been doing well and is supported by the community.

Hay River Alcohol Field Workers

The Hay River project began in October 1982 with one full-time counsellor working out of the Vale Island Friendship Centre. The counsellor provides counselling services and alcohol education to individuals, families and groups. The counsellor also performs referral services, consults with other agencies and professionals in the community, makes home, hospital and correctional visits and also works with the people on the reserve. This project has been doing well and is supported by the community of Hay River and also by the Band Council on the reserve.

Snowdrift Lutsel Dene Council

Snowdrift alcohol project began in October 1982 with full community support. One full-time counsellor provides counselling services on alcohol abuse to individuals and families as well as creating educational activities within the community.

Eskimo Point Ikayoktit Committee

Eskimo Point alcohol project started in November 1982 with three full-time counsellors who provide community education on drugs and alcohol to individuals, families and groups, and do referrals to rehabilitation centres.

Fort Providence Yahti Koe Alcohol Committee

Fort Providence alcohol project began in October 1982 with two full-time counsellors who provide counselling services to individuals, families and groups in Fort Providence and surrounding areas. Alcohol awareness is taught to various organizations, to families and in schools with the use of films and slides. Referral services are performed by the counsellors, as well as the translation of pamphlets and slides into Slavey with the subsequent distribution of these materials within the community. Community support is very high.

The Tree of Peace Friendship Centre
Alcohol Fieldworker Program - Yellowknife

The Alcohol Fieldworker Program has been operating for the last five years with three full-time counsellors providing services for the Dene of Detah, Yellowknife and surrounding areas. The counsellors have steady contact with the people through home visits, street visits, drop-in visits, and hospital visits. They create materials that best suit the needs of the Dene of this area and are developing a library on alcohol information. The counsellors are providing individual, family and group counselling, as well as alcohol awareness presentations on alcohol and drug abuse at the Detox Centre and Yellowknife Correctional Centre. Counsellors work very closely with various organizations and agencies and provide referral services.

Fort Resolution Alcohol Program

The Fort Resolution project has an ongoing program now operating in its second year. It employs two full-time counsellors who work out of the Drop-in Centre. They provide counselling and alcohol education for teens and adults, and help in any way possible to eliminate some of the alcohol problems in the community. They also handle referrals and make home visits. This project is supported and supervised by the Band Council.

Fort Simpson Counselling

Deh Cho Society

Fort Simpson has an ongoing program now operating in its second year. The program has two full-time counsellors working out of Deh Cho Society Friendship Centre. The counsellors are doing referrals when needed, providing alcohol and drug education in schools, and helping to develop a curriculum for the Fort Simpson area on drug and alcohol education. Counsellors are doing home visits, and individual, family and group counselling with the use of films, slides, audio-visual aids, posters, pamphlets and other alcohol and drug related materials. This program is supported by the Friendship Centre, the Alcohol Committee, the Band Mayor of Fort Simpson and the Board Counsellors as well as the community itself.

Katimavik Centre, Cambridge Bay

The Katimavik Centre is supported by the community and has four counsellors who were employed in October 1982. The counsellors are working at the Crisis Centre for battered wives and children and are providing individual and group counselling, crisis intervention, and alcohol education in the school. They also provide alcohol/life skills resource materials, referral services, and implement long-term prevention strategies.

Coppermine Alcohol Counselling Drop-In Centre

Coppermine employs two full-time counsellors who provide individual, family and group counselling for the community and offer evening programs on alternatives to drinking for young and old. They distribute alcohol related materials and pamphlets, show films, slides and video tapes and also provide alcohol education in schools. Community support is high.

Fort Smith Alcohol Project, Roaring Rapids Friendship Centre

This project started in October 1982 with two full-time counsellors who provide referrals, assess and organize alcoholism workshops in the field, and provide information and materials for clients. They provide a form of drop-in centre in which to relax and receive counselling when needed. Counsellors also do home visits, hospital visits and alcohol education in schools. This program is supported by the community and is doing well.

Fort Norman Child Development Centre

The Fort Norman Project began in October 1982 and employs three full-time counsellors who are teaching the development of self-awareness, self-concept, and personal and spiritual growth to young children. They assist the children in developing these skills by involving them in educational and social activities apart from families and alcohol abuse problems, and by offering an alternate lifestyle at a very early age. This project is highly supported by the community and is under supervision of the Band.

NORTHERN MEDICAL RESEARCH UNIT

The Northern Medical Research Unit provides consultation to all levels of populations and Northern environments.

The scope of work, particularly in regards to original investigations and field studies into epidemiological, nutritional, and metabolic and occupational health problems which are felt to be important problems for Northern residents, and which are tackled despite modest means and limited personnel either in collaboration with University based scientists or alone, was further reduced by the loss of one Medical Officer in December 1980, a secretary in June 1982, and Dr. Otto Schaefer's appointment to the N.W.T. Waterboard in August 1980 as representative of Medical Services Branch.

Contentious developments (building of six artificial islands in the Mackenzie by Esso Resources and construction of a pipeline from Norman Wells to Zama, Alberta with numerous river crossings) necessitated a marked increase in Public Hearings of the Waterboard, thus occupying, together with preparatory paperwork now more than 25% of time.

The Science Advisory Council of the Northwest Territories expressed their serious concern for a continuation of the activities of the Northern Medical Research Unit after Dr. Schaefer's pending retirement in 1984 and suggestions were submitted to Dr. Omond Solandt, the former Chairman of the Science Advisory Council for Canada and also the Science Advisory Board for the Northwest Territories.

At the Planning Meeting of the International Advisory Council for Circumpolar Health in August 1981 in Copenhagen in which Dr. Black and Dr. Schaefer represented Canada, founding of a Canadian Society for Circumpolar Health according to the example of the American Society for International Health was decided and this task was undertaken together with Dr. J. Hildes of the Northern Medical Unit, starting with preparatory circular letters in the fall of 1981 and resulting by December 1982, in a well established society with almost 150 paid-up members. Hopefully this Society will prove to be an important link of communication between Government and University based Health Care Personnel and Scientists involved and interested in Northern and Native health problems and Health Care Delivery. It is also hoped that this will create and foster a vehicle with which to approach non-Government organizations for aid and support, such as travel support for accepted speakers at International Symposia.

The following publications emanating in 1982 from the Northern Medical Research Unit were published January to December, 1982 by Dr. Otto Schaefer as sole or main author:

(1) The Knud Rasmussen Memorial Lecture "Ethnology, Demography & Medicine in the Arctic", delivered August 1981 and published in the Proceedings of the 5th International Symposium on Circumpolar Health, edited by Drs. Bent Harvals & J.P. Hart-Hansen, Copenhagen 1982, p. 187-193.

(2) Changing Trends in Infant Feeding Patterns in the Northwest Territories 1973-1979, published in the Canadian Journal on Public Health, Vol. 73, Sept./Oct./82, p. 304-309.

As a co-author of Drs. David Martin and Jack Hildes, an article was published in the Enciclopedia Salvat de SALUDAD: El clima y la Salud, April, 1982.

The following papers were delivered but are not yet published:

At the Canadian Public Health Conference in June 1982:

(1) Presentation and Panel Discussion of Changes of Nutritional Habits of Northern Native and Health Consequences.

(2) The Changing Epidemiological Picture in the Canadian North - A Reflection on the Interplay of Environment Lifestyle and Heredity.

(3) Together with Dr. J. Hildes: Inuit Malignancy Up-date. The Changing Pattern of Malignant Disease in the Western and Central Arctic 1950-1980. Submitted to the Canadian Medical Association Journal for publication December, 1982.

At the Centennial Meeting of the Royal Society of Canada in June 1982 an invited paper was delivered entitled "Human Adaptation - Health and Disease in the Canadian Arctic". This rather long presentation (45 min.) will be published in abridged version in their Proceedings.

CIVIL AVIATION MEDICINE

Civil Aviation Medicine is the section of Medical Services Branch, National Health and Welfare, responsible for medical advice to the Civil Aviation Branch of the Ministry of Transport. In the case of the Northwest Territories, this responsibility is divided between several Regions corresponding to the Ministry of Transport regional boundaries. Western Region covers the area west of the Yukon Territory to 110 degrees longitude including Cambridge Bay and Fort Reliance.

Within this part of the Northwest Territories, the regional office of Civil Aviation Medicine, based in Edmonton, provides support to Civil Aviation Medical Examiners appointed by Ministry of Transport and reviews all medical examination reports. Aero-medical education is offered to the aviation industry and other interested parties and support is given to aircraft accident investigations.

Activity in the Northwest Territories has been low. One aircraft accident was attended with three fatalities and supporting lectures were given to the Regional Aviation Safety Officer on several occasions. Travel has been limited, partly by budget restraints but mainly by staffing limitations. There has been some difficulty with pilots in the Northwest Territories obtaining licensing medicals because of the low numbers of appointed examiners in their area - this situation is unlikely to change as the recession further reduces the number of available doctors.

Overall, licensing activity was reduced by 17% in 1982 and no real improvement is expected in the comming year. Medical staffing problems throughout the Department are expected to further restrict activities throughout 1983, but advice concerning aeromedical matters should always be available from the Edmonton Regional Office.

NORTHERN MEDICAL UNIT - KEEWATIN ZONE

The Northern Medical Unit of the University of Manitoba provides regular physician services in collaboration with the Churchill Health Centre and the Keewatin Zone of Medical Services Branch under contractual agreements with Health and Welfare Canada.

Regular services from this Unit include:

Regular monthly visits to the communities of Baker Lake, Eskimo Point, Coral Harbour and Repulse Bay by general practitioners stationed at the Churchill Health Centre.

A general practitioner is resident in Rankin Inlet providing physician services to that community as well as providing visiting services to Whale Cove and Chesterfield Inlet.

Community visits by specialists in pediatrics, psychiatry, ophthalmology and otolaryngology on an annual schedule, aggregated to 170 days per year. Residents (specialists in training) accompany these specialists on approximately half of these trips.

Diagnosis, assessment and appropriate treatment at primary and secondary care levels, ie. clinic and inpatients, at Churchill for Keewatin and Churchill residents.

Arrangements for appropriate referral to tertiary care centres in Winnipeg.

Twenty-four hour telephone consultation by physicians in Churchill to nurse-practitioners in Keewatin nursing stations.

Inuktitut interpreters and friendly visitor services at Churchill and Winnipeg.

Provision of dental, radiological, pharmaceutical and laboratory services in Churchill.

Inservice education to nurse-practitioners on regular visits and at Zone Nursing Conferences held in Churchill.

Orientation of nurse-practitioners en route to Keewatin placements.

Additional Consultant services include:

Regular visits to Churchill for consultation and treatment of referred patients and continuing medical education in medicine, cardiology, general surgery, orthopedics, obstetrics and ophthalmology.

Research

An active program of reviews and research into health conditions of special importance to native people is ongoing and results in papers being presented at national and international meetings and publications in scientific literature.

During the past year these activities included studies on Hepatitis B, cancer incidence, arthritis, streptococcal infections, special needs within the northern school system, HLA in relation to immunity, medical audits and photodermatitis.

Special Premedical Studies Program

The University also offers a special Premedical Studies Program to help native students attain the scholastic requirements for the admission to the University of Manitoba Medical School. This program provides for the enrollment of thirteen native students annually, and members who complete the three year program are eligible to apply for admission to medicine, dentistry and other University schools of health education (nursing, pharmacy, dental hygiene, rehabilitation). Two of the first three to have completed the program were admitted into the Faculty of Medicine in 1982, with the third being admitted into the Faculty of Dentistry.

MENTAL HEALTH UNIT - CLARKE INSTITUTE OF PSYCHIATRY

Under the terms of its contract with National Health and Welfare's Medical Services Branch, N.W.T. Region, the Clarke Institute of Psychiatry's Baffin Zone Consultation Service continued to be involved in visits to Frobisher Bay and Baffin Zone Settlements during 1982.

During a two week visit to Baffin Zone in February, a psychiatrist visited Pond Inlet and, accompanied by a Mental Health Nurse from the Institute who specializes in stress, attended the Zone Nursing Conference in Frobisher Bay where the major topic was mental health work. Also in February two psychiatrists, accompanied by a psychiatric resident visited Pangnirtung. In addition to the 46 case consultations seen in the settlements, various contracts were made with community services.

A psychiatrist and a resident visited Frobisher Bay and Cape Dorset in both May and November, during which time many patients were seen. Their visits included a radio interview in Frobisher Bay during Mental Health Week in May and a Regional Teachers Conference in November. Also in November two psychiatrists and a resident visited both Frobisher Bay and Pangnirtung.

On all visits to Frobisher Bay, inservice training was carried out for nurses and residents at the Frobisher Bay

General Hospital. In addition, the psychiatrists met regularly with social workers from the Territorial Government's Department of Social Services where the psychiatrists learned a great deal about native culture.

In both Pangnirtung and Pond Inlet psychiatry teams work closely with church groups in which there has been a great interest in local mental health care.

It has been gratifying to see the continuing evolutions of the local volunteer groups who concern themselves with the mental health of their people. Hopefully, other communities in the North will be able to follow the examples of Pond Inlet and Pangnirtung since the most useful mental health work can be done at a local level.

POOR

QUALITY

ORIGINAL